

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

L24000312838

Note: Please print this number and use it as a cover sheet. Type this number in the box (shown below) on the top and bottom of all pages of the document.

((H24000241300 3)))

FL
7-17-24



H240002413003ABCG

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516)813-1184
Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: TPS11725@gmail.com

2024 JUL 16 PM 5:01

RECEIVED

FLORIDA LIMITED LIABILITY CO.
TRINI TRANSPORT LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2024 JUL 16 AM 11:55

FILED

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

H24000241300

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRINI TRANSPORT LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

7820 DILIDO BLVD
MIRAMAR, FL 33023

Mailing Address:

7820 DILIDO BLVD
MIRAMAR, FL 33023

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MARLENE K RAMDATH

Name

7820 DILIDO BLVD

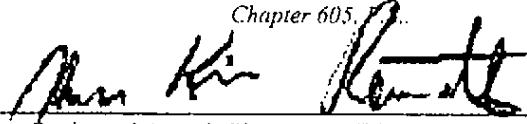
Florida street address (P.O. Box **NOT** acceptable)

MIRAMAR FL 33023

City

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605.



Registered Agent's Signature (REQUIRED)

MARLENE K RAMDATH

(CONTINUED)

FILED
2024 JUL 16 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FL

H24000241300

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

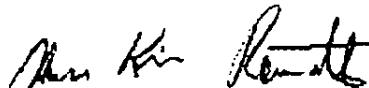
"MGR" = Manager

AMBR**Name and Address:**MARLENE K RAMDATH7820 DILIDO BLVDMIRAMAR, FL 33023

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.**REQUIRED SIGNATURE:****Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

MARLENE K RAMDATH

Typed or printed name of signee

FILED
2024 JUL 16 AM 11:55
DEPARTMENT OF STATE
TALLAHASSEE, FL

H24000241300