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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : THREE X FAST CARRIER SERVICES INC
Account Number : I20180000033
Phone : (305)805-3516
Fax Number : (305)887-5844

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

Email Address: claudiasantos87@gmail.com

FLORIDA LIMITED LIABILITY CO.
CLAUDIA SANTOS NUNEZ LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$125.00

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TALLAHASSEE, FL

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2025 JAN 15 PM 2:56
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https://dos.sunbiz.org/scripts/efilcovr.exe

(H25000018351-3)

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CLAUDIA SANTOS NUNEZ LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

First name: CLAUDIA (2) Last Names: SANTOS NUNEZ
Name of Person

CLAUDIA SANTOS NUNEZ LLC
Firm/Company

8060 W 28TH CT UNIT 102
Address

HIALEAH, FL 33016
City State and Zip Code

CLAUDIASANTOSN87@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDIA SANTOS NUNEZ at (786) 488-5086
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

■ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(H25000016551-3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

CLAUDIA SANTOS NUNEZ LLC
(Must contain 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:	Mailing Address:
8060 W 28TH CT UNIT 102	8060 W 28TH CT UNIT 102
HIALEAH, FL 33018	HIALEAH, FL 33018

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:

CLAUDIA SANTOS NUNEZ
Name

8060 W 28TH CT UNIT 102
Florida street address (P.O. Box NOT acceptable)

HIALEAH	FL	33018
City	State	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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	CLAUDIA SANTOS NUNEZ 8060 W 28TH CT UNIT 102 HIALEAH, FL 33018

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01-15-2025 (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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:
ANY AND ALL LAWFUL BUSINESS

REQUIRED SIGNATURE: Claudia

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

CLAUDIA SANTOS NUNEZ
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)