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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP

Account Number : I20200000059 Phone : (954)727-9771 Fax Number : (954)727-9773

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

Email Address:

FLORIDA LIMITED LIABILITY CO. **D&D TRANSPORT SERVICES LLC**

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February 6, 2025

FLORIDA DEPARTMENT OF STATE

LAMADRID FINANCIAL SERVICES CORP Division of Corporations

SUBJECT: D&D TRANSPORT SERVICES LLC

REF: W25000015429

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P21000053566.

If you have any further questions concerning your document, please call (850) 245-6052.

Tabitha J Howell Regulatory Specialist II New Filings Section FAX Aud. #: H25000038693 Letter Number: 425A00002567

2025 FEB -7 PM 5: 17

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DPV TRUCKING	LLC		
(Must con	tain the words "Limited L	iability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal of	fice of the Limited	Liability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
2509 15TH ST SW		SAM	IE AS PRINCIPAL
2247 12111 211			
LEHIGH ACRES, ARTICLE III - Registered A The Limited Liability Compar mother business entity with an	gent, Registered Office, & sy cannot serve as its own I active Florida registration	& Registered Agent. N	
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LEHIGH ACRES, ARTICLE III - Registered A. The Limited Liability Comparanother business entity with an	gent, Registered Office, & sy cannot serve as its own I active Florida registration t address of the registered Lamadrid Financial Se	& Registered Agent. Name	it's Signature: You must designate an individua

he 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)

H Z50000 386933

ARTICLE IV-

Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	AMBR	DAYRON PEREZ VAZOUEZ	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		2509 15TH ST SW	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		LEHIGH ACRES. FL 33976	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			
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CLE V: Effective date, if other than the date of filing:			
REOURED SIGNATURE: Signature 11 a member or an authorized representative of a member. This document is executed in factordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State State Constitutes a third degree felony as provided for in s.817.155, F.S. Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	(Use attachment if necessary)		
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