

L090VVV96811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

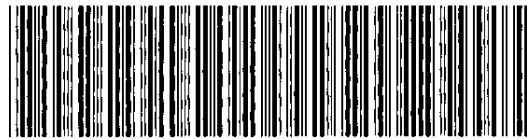
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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10/07/09--01020--010 \*\*155.00

RECEIVED  
09 OCT - 7 AM 10:23  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR

OCT - 7 2009

EXAMINER

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09 OCT - 7 PM 1:46  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 OCT -7 PM 1:47

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### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. STRAIGHT LINE LOGISTICS, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in    ☒ Pick up time 2:00    ☒ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

### NEW FILINGS

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

### AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

### OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

### REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Straight Line Logistics, LLC

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

**ARTICLE II – Address:**

**Principal Office Address:**

**Mailing Address:**

2000 NW 84<sup>th</sup> Avenue

2000 NW 84<sup>th</sup> Avenue

Doral, FL 33122

Doral, FL 33122

**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 with an active Florida registration.)

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

Carlos Ortiz

Name

2000 NW 84<sup>th</sup> Avenue

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

Doral, FL 33122

City, State, and 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 608, F.S.

  
Registered Agent Signature (REQUIRED)

**ARTICLE IV- manager (s) or Managing Members(s):**

The name and address of each Manager of Managing Member is as follows:

**Title:**

"MGR"= Manager

"MGRM"= Managing Member

**Name and Address:**

MGRM

Carlos Ortiz

2000 NW 84th Avenue

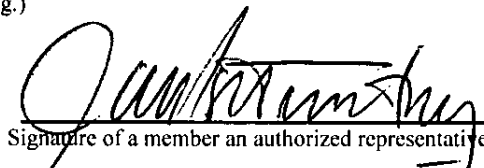
Doral, FL 33122

**(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 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Carlos Ortiz

Typed or printed name of signed

**Filing Fees:**

\$ 125.00 Filing for Articles of Organization and Designation  
of registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)