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(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	· · · · · -





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COVER LETTER

	gistration Section vision of Corporations			
SUBJECT:	Stauffer Name of L	Logistics, LLC		
	Name of L	imited Liability Company		
The enclosed	d Articles of Organization and fee(s)	are submitted for filing.		
Please return	all correspondence concerning this	matter to the following:		
_	John	E. Stauffer Name of Person		
		Name of Person		
_	Stanffer	Losistics, LLC Firm/Company		
		Firm/Company		
<u>-</u>	7001 14	Address		
		Address		
_	Large	, FL 33771		
	Stauffer	City/State and Zip Code Osistics He gmail (ed for future annual report notifica		
	E-mail address: (to be us	ed for future annual report notifica	ation)	
For further in	nformation concerning this matter, ple	ease call:		
-5.	sha Ctouffer	777 \ (47-414	, s	
	Name of Person	Area Code Daytime Tel	lephone Number	
Enclosed is a	a check for the following amount:			
□ \$ 125.00 Fili	ng Fee \$\frac{130.00}{2\$\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address	Street/Courier Add	<u>ress</u>	
	Registration Section Division of Corporations	Registration Section Division of Corporat	Registration Section Division of Corporations	
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314 2661 Executive Center Circle		ter Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Stanffer Logist	ics. LLC	
Stauffer Logist (Must end with the words "Limited")	Liability Company, "L.L.C.," or "L	LC.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Compa	any is:
Principal Office Address:	Mailing Address:	
7001 142 nd Ave, \$53 Largo, FL 33771	7001 142 nd Aug Largo, FL 337	17/
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must design	ate an individual or
The name and the Florida street address of the registered	agent are:	
John E. S	tauffer	
Florida street address (P.O. Box	vc, #53	
Florida street address (P.O. Box	NOT acceptable)	
Largo	FL 73 77/ Zip	
City	Zip	
Having been named as registered agent and to accept ser the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl Chapte	the appointment as registered agen of all statutes relating to the proper of	t and agree to act in this and complete performance
ads	Stoffe	15 SEC
Registered Agent's Signat	ure (RÉQUIRED)	JAN 21 AH BRETKRY OF AHASSEE, F
(CONTINUI	ED)	SS - Fra
Page 1 of 2		AH 9: 56 OF STATE OF STATE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager	John E. Stanffer 7001 1422d Aug. 453 Largo, FL 33771			
(Use attachment if necessary)				
TICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE:	(Ataska			
(In accordance with section 605.0203 constitutes an affirmation under the p	or an authorized representative of a mem (1) (b), Florida Statutes, the execution of the benalties of perjury that the facts stated here is submitted in a document to the Department	nis docun n are true	e.	
	E. Stauffer ed or printed name of signee	CAPAS	5 JAN 2	tioner
	Filing Fees:	\(\sigma_{\infty}^{\infty}\)		(A10).180
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	tion and Designation of Registered Agent	OF STATE	AH 9: 56	

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

ARTICLE IV-