

## L15000624964

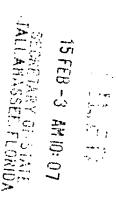
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## COVER LETTER

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	Cu	VERLETTER	
	istration Section sion of Corporations		
SUBJECT:	AMERICA COAST TO COAST L Name of Li	OGISTICS LLC mited Liability Company	
	Articles of Organization and fee(s) a	_	
Please return	all correspondence concerning this n	natter to the following:	
<u>P</u>	ATRICK AHORLU	Name of Person	
A	MERICA COAST TO COAST LO	GISTICS LLC Firm/Company	<u></u>
		гинесопрану	
3:	947 ORANGE TREE LANE		
_		Address	
$\overline{N}$	/ESTON, FL 33332	City/State and Zip Code	
		ingrame and supported	
accanon	lu@gmail.com E-mail address: (to be use	d for future annual report notifica	ition)
For further in	formation concerning this matter, ple	ase call:	
PATRICK A		610 ) 657-4069	· · · · · · · · · · · · · · · · · · ·
	Name of Person	Area Code Daytime Tel	lephone Number
Enclosed is a	check for the following amount:		
☐ \$125.00 Filin	g Fee S130.00 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addy Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tullahassee, FL 3230	ions er Circle

ARDC	LESOFORGANIZATION FOR	FLORIDA LIMITED LIABILITY CO	MPANY
ARTICLE I - Name: The name of the Limited I	.iability Company is:		
AMERICA COAST TO (Mu	COAST LOGISTICS LLC st end with the words "Limite	d Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and s	treet address of the principal	office of the Limited Liability Com	ipany is:
Principal Office Address	<u>u</u>	Mailing Address:	
3947 ORANGE TREE WESTON, FL 33332	947 ORANGE TREE LANE 3947 ORANGE TREE LANE VESTON, FL 33332 WESTON, FL 33332		E
(The Limited Liability Co another business entity w			
P	ATRICK AHORLU Nam	<del> </del>	
	Nam	c	
	947 ORANGE TREE LANE		
'	lorida street address (P.O. Bo	ox NOT acceptable)	
<u>w</u>	ESTON	FL 33332	
	City	Zip	
the place designated in capacity. I further agre	vithis certificate, I hereby acce e to comply with the provision familiar with and accept the o	ervice of process for the above state pt the appointment as registered ag s of all statutes relating to the prope bligations of my position as register pter 605, F.S	ent and agree to act in this r and complete performance
	Registered Agent's Sign	ature (REOUIRED)	
		/ / /	

(CONTINUED)

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
MGR	PATRICK AHORLU		
	3947 ORANGE TREE LANE		
	WESTON, FL 33332		
(Use attachment if necessary)			
fective date is listed, the date must be speci	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90	days after	г
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rective date is listed, the date must be speciof filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem	ther or an authorized representative of a member.	days after	•
REOUIRED SIGNATURE:  Signature of a mem (In accordance with section 605.)	ther or an authorized representative of a member.  O203 (1) (b). Florida Statutes, the execution of this document	IAL	
REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605.)  constitutes an affirmation under the	ther or an authorized representative of a member.  20203 (1) (b), Florida Statutes, the execution of this document the penaltics of perjury that the facts stated herein are true.	IAL	ũ
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