

5/29/2020

Division of Corporations

L20000141490  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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2520 MAY 31 PM 2:54  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

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

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2820 MAY 32 AM 7:57

**FLORIDA LIMITED LIABILITY CO.  
ON TOP DELIVERY LIMITED LIABILITY COMPANY**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

To: 18506176381 From: 12143052508 Date: 05/29/20 Time: 4:30 PM Page: 02/04  
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850-617-6381 5/29/2020 6:10:35 PM PAGE 1/001 Fax Server

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May 29, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LEGALINC CORPORATE SERVICES INC.  
81258 KEEL COURT  
FERNANDINA BEACH, FL 32034

SUBJECT: ON TOP LOGISTICS LIMITED LIABILITY COMPANY  
REF: W20000052717

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.

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James Harris  
Regulatory Specialist II  
New Filing Section

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P.O BOX 6327 - Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ON TOP DELIVERY LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Company," "L.L.C.," or "L.L.C.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

81258 Keel Court  
Fernandina Beach, FL 32034

81258 Keel Court  
Fernandina Beach, FL 32034

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

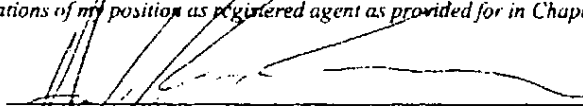
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MARCIA G WILLIAMSON  
Name

81258 Keel Court  
Florida street address (P.O. Box **NOT** acceptable)  
Fernandina Beach      FL      32034  
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:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager AMBR	ANDRE WILLIAMSON 81258 Keel Court Fernandina Beach, FL 32034
AMBR	MARCIA WILLIAMSON 81258 Keel Court Fernandina Beach, FL 32034
_____	_____
_____	_____
_____	_____

(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 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE**



**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.

ANDRE WILLIAMSON  
\_\_\_\_\_  
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)

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