# FROM :LAZIRUS Division of Coop to one Division of Coop to one Division of Coop to one Page of I

#### Florida Department of State

Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000269355 3)))

H060002683553ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019
Phone : (305)552-5973

Fax Number : (305)220-1440

#### FLORIDA/FOREIGN LIMITED LIABILITY CO.

**HUMAN LOGISTICS, LLC** 

RECEIVED
06 NOV -6 PM 3: 08
IVISION OF CORPORATION

Certificate of Status	. 0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunhiz.oro/scrints/efileour.exe

## H 0 6 0 0 0 2 6 9 3 5 5

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

of the principal office of th	Ę	38.2
of the principal office of th	F Limited Liability	M S
of the principal office of th	E Limited Liability's	"Allermone in'
		Sommer 12.
	•	
Mailing Addres	<u>\$1</u>	SAR 6
SAME	_	
		EFF STA
		C C C
		38 38
	<i>.</i> ;	
OSE E. ARTER	a GA	
Name		
44 (5) m 112	:0	
1787 - W.SE L	onentable)	-
animani oddaniae (824) i iday Nilli i a		
street address (P.O. Box <u>NOT</u> a	_	
FLEL 3317	_	
-	_	. •.
FLEL 3317	<b>K</b>	tated limited
	egistered Office, & Register own Registered Agent. You must de sof the registered agent are	of the registered agent are:  OSE E. ARTEAGA  Name

(CONTINUED)

H 0 6 0 0 0 2 6 9 3 5 5

Page 1 of 2

## H06000269355

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MANAGER	105E E - ARTEAGA 11549 NW 62 TE 438 MIAMI PL 33178
	ZOR W
	PR
	ST C
	FOR
<b>'</b> ,	HE SECTION
(Use attachment if necessary)	
LE V: Effective date, if other th	
hecuve date is histed, the date t	must be specific and cannot be more than five business days p
days after the date of filing.)	
	member or an authorized representative of a member.
days after the date of filing.)  REQUIRED SIGNATURE:  Signature of this docume	with section 608, 40%(3), Florida Statutes, the execution ont constitutes an affirmation under the penalties of perjury a stated herein are true.)

Filing Feer:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

H06000269355