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Florida Department of State

Division of Corporations Public Access System

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To: Division of Corporations Fax Number : (850)205-0383

From:

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| Account N Account N | | CORPORATE | KIT | COMPANY |
|------------------------|--------------------|-----------|-----|---------|
| Phone Fax Numbe | (305)6: (305)6: | | | |



FLORIDA/FOREIGN LIMITED LIABILITY CO.

nationwide logistics services, Ilc.

| Certificate of Status | 0 | | |
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| Certified Copy | 1 | | |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -- Name: The name of the Limited Liability Company is:

NATIONWIDE LOGISTICS SERVICES, LLC.

ARTICLE II - Address:

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

8515 SW 152ND AVENUE, UNIT #284 MIAMI, FL 33193

Principal Office Address:

Mailing Address:

8515 SW 152ND AVE, UNIT #284 MIAMI, FL 33193

8515 SW 152ND AVE, UNIT #284 MIAML FL 33193 JUL 16 AH 8: 21

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

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

MIRIAN PADIN Name Florida street address (P.O. Box not acceptable) 8515 SW 152ND AVE, UNIT #284 Miami, FL 33193

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..

red Agent's Signature

(CONTINUED)

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ARTICLE IV - Manager(s) or Managing Member(s):

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

<u>Title:</u>

"MGR" = Manager "MGRM" = Managing Member

MGRM

LUIS ARMANDO REYES 8515 SW 152ND AVE, UNIT# 284 MIAMI, FL 33193

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MGR

RAMON A. PEREZ 1030 CLARK STREET LINDEN, NJ 07036

Name and Address:

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of Terristo authorized representative of a member.

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(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.)

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