

L08000049147

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.

((H08000131475 3)))



H080001314753ABC8

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) 617-6383

From:

Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

FLORIDA/FOREIGN LIMITED LIABILITY CO.

L.P.S. COURIER, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

T. HAMPTON

RECEIVED

08 MAY 16 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 16 AM 8:43

FILED

EXAMINER

Handwritten: Hop 000 1314753.

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

L.P.S. COURIER, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

L.P.S. COURIER, LLC.

ARTICLE II - ADDRESS

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

**5451 W 24 AVE STE # 1
HIALEAH, FL. 33016**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

LUIGGI O. BULLON

5451 W 24 AVE STE # 1

Florida street address (P.O.BOX NOT acceptable)

HIALEAH, FL. 33016
City, State, and Zip

**CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300**

Handwritten: Hop 000 1314753.

FILED
08 MAY 16 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H08 000 1314753.

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..


REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

LUIGGI O. BULLON
5451 W 24 AVE STE # 1
HIALEAH, FL. 33016

MANAGER

JOSE A. BULLON
5451 W 24 AVE STE # 1
HIALEAH, FL. 33016

MANAGER

ERIKA MELENDEZ
5451 W 24 AVE STE # 1
HIALEAH, FL. 33016

MANAGER

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a member.

(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.)

LUIGGI O. BULLON
Typed or printed name of signee

H08 000 1314753.

FILED
08 MAY 16 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA