

L09000106303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

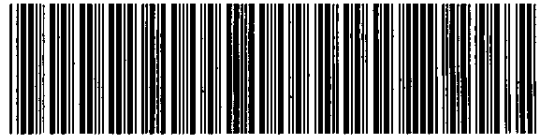
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 NOV - 3 AM 11:40

T. HAMPTON

NOV - 4 2009

EXAMINER

058475-6009

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Redbird Logistics LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Gabe Seghi**

Name of Person

**Redbird Logistics LLC**

Firm/Company

**3800 N. Hills Dr. #106**

Address

**Hollywood, FL 33021**

City/State and Zip Code

**gabeseghi@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Gabe Seghi**

Name of Person

at ( **312** )

**343-6421**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 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 Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 NOV -3 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 27, 2009


GABEEGHI  
3800 N HILLS DR  
# 106  
HOLLYWOOD, FL 33021

SUBJECT: REDBIRD LOGISTICS LLC  
Ref. Number: W09000047850

We have received your document for REDBIRD LOGISTICS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 26, 2009. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

 If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 809A00034039

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Redbird Logistics LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

Gabe Seghi  
Lea Seghi

#### Mailing Address:

3800 N. Hills Dr. #106  
3800 N. Hills Dr. #106

### 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:

Daniel Seghi

Name

3900 N. Hills Dr #408

Florida street address (P.O. Box **NOT** acceptable)

Hollywood

FL 33021

City, State, and 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 608, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

President

Gabe Seghi

3800 N. Hills Dr. #106

Hollywood, FL 33021

Vice President

Lea Seghi

3800 N. Hills Dr. #106

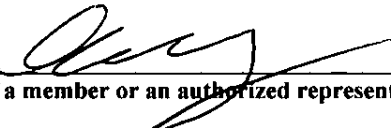
Hollywood, FL 33021

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/20/09 (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.)

**REQUIRED SIGNATURE:**

  
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.)

Gabe Seghi

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 NOV -3 AM 11:58