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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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06/20/11--01050--022 **130.00

Effective Date 6/13/11



COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Logistics Concepts, 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: |
| Richard Cheatham Name of Person |
| Panic Of Cison |
| Firm/Company |
| 4065 Old Dixie HWY |
| Address |
| Fort Piece, Florida 34946 |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Richard Cheatham at (772) 409-3493 |
| Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\times S130.00 Filing Fee \$\times Certificate of Status \$\times Certified Copy (additional copy is enclosed) \$\times S160.00 Filing Fee, 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 |

Effective Date 6/13/11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLES OF ORGANIZATION FORT | |
|--|--|
| ARTICLE I - Name: The name of the Limited Liability Company is | : |
| Logistics Concepts, LLC | |
| (Must end with the words "Limited Liabi | lity Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the p | rincipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 4065 Old Dixie HWY Fort Pierce, FL 34946 | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the | stered Agent. You must designate an individual or another |
| Richard Cheatham | |
| Name | |
| 4065 Old Dixie H | IWY |
| | dress (P.O. Box NOT acceptable) |
| Fort Pierce | FL 34946 |
| City, St | tate, and Zip |
| liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p | accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S |
| | 4/. < c |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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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 | Name and Address: |
|-------------------------------------|---|
| "MGRM" = Managing Membe | er |
| MGR | Richard Cheatham |
| | 4065 Old Dixie HWY |
| | Fort Pierce, FL 34946 |
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| (Use attachment if necessary) | |
| (Osc attachment if necessary) | 3 |
| CLE V: Effective date, if other the | han the date of filing: 06/01/2011 |
| | must be specific and cannot be more than five business days |
| 0 days after the date of filing.) | |
| REQUIRED SIGNATURE: | |
| | 1 |
| P. A. | al Bath |
| 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. 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.)

Richard Cheatham

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)

JUN 20 PH 3: 48