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(F	Requestor's Name)	
	Address)	
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(0	City/State/Zip/Phone #	5)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)
([Document Number)	
Certified Copies	Certificates o	f Status
Special Instructions t	o Filing Officer:	

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EXAMINER



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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

07/05/2011

NAME:

AMELL LOGISTICS LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

\$125

RETURN:

ACCOUNT: FCA00000015

AUTHORIZATION:

ABBIE/PAUL HOD

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Amell Logistics LLC	
(Must end with the words "	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street addre	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

Doral, FL 33126 Doral, FL 33126

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:

ARTICLE I - Name:

1354 NW 78th Avenue

The name of the Limited Liability Company is:

Florida Filing & Search Services, Inc.

Name

155 Office Plaza Drive, Suite A

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

Tallahassee

FL 32301

City, State, and Zip

1354 NW 78th Avenue

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)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Mr. Amin Abel Amell
	1354 NW 78th Avenue
	Doral, FL 33126
	·
(Use attachment if necessary)	
CLE V: Effective date, if other than	the date of filing: (OPTIONAL)
effective date is listed, the date mus	st be specific and cannot be more than five business days prior
MA dawa after the data of filing \	name of
90 days after the date of filing.)	>
oo days after the date of ining.)	ALC T
REQUIRED SIGNATURE:	11 JUL ALLAH)
·	11 JUL -E ALLAHASS
·	11 JUL -6 PARLAHASSEE,
REQUIRED SIGNATURE:	THE TARY OF STANDER OF

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)

Typed or printed name of signee