

L120000002720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Effective Date 01/10/12

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2012 JAN -4 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN -6 2012

EXAMINER

January 3, 2012

Registration Section

Division of Corporation

P.O.Box 6327

Tallahassee, FL. 32314

Dear Sir / Maam:

Enclosed is my registration application in order to form a Florida Limited Liability Corporation. Please handle accordingly.

Sincerely


Joe Boehle

Boehle Logistics LLC

420 High Tide Dr

St Augustine FL. 32080

Ph 904 910 1610

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOEHLE 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:

JOE BOEHLE

Name of Person

BOEHLE LOGISTICS LLC

Firm/Company

420 HIGH TIDE DR

Address

ST AUGUSTINE FL 32080

City/State and Zip Code

JOSEPH BOEHLE @ GMAIL. COM

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

For further information concerning this matter, please call:

JOE BOEHLE

Name of Person

at (904) 910 1610

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BOEHLE 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:

Mailing Address:

420 HIGH TIDE DR
ST. AUGUSTINE FL 32080

← SAME

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.)

Effective Date 01/10/12

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

JOE BOEHLE

Name

420 HIGH TIDE DR

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

ST. AUGUSTINE FL 32080

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

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:

MGR

JOE BOEHLE
420 HIGH TIDE DR
ST AUGUSTINE FL 32080

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1-10-12 (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. 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.)

JOE B. BOEHLE

Typed or printed name of signer

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)

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TALLAHASSEE, FLORIDA