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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

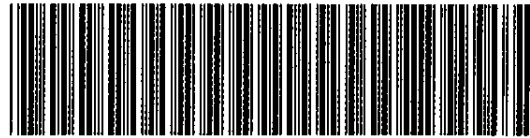
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12 FEB -9 AM 05
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

D. BRUCE

FEB 10 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Box 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:

Charles D. Kidd

Name of Person

Box Logistics, LLC

Firm/Company

8004 PO Box 1711

Address

Highland City, FL 33846

City/State and Zip Code

charlie@starpizzabox.com

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

For further information concerning this matter, please call:

Charles Kidd

Name of Person

at (

863)

899-2184

Area Code & Daytime Telephone Number

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12 FEB - 9 AM 05
TALLAHASSEE, FLORIDA

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

overnight

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Box 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:

6094 US Highway 98S
Lakeland FL 33812

Mailing Address:

PO Box 1711
Highland City, FL 33046

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:

Charles D. Kidd

Name

6094 US Highway 98S

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

Lakeland FL 33812

City, State, and Zip

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12 FEB - 9 AM 10:05
CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

Charles D. Kidd

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:

MGRM

Chase Porter

MGR

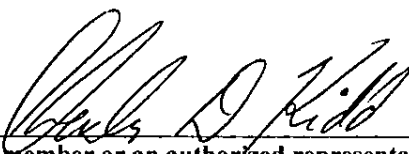
Charles D. Kidd
PO Box 125
Highland City FL 32846

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/5/12 (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.)

Charles D. Kidd

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
12 FEB - 9 AM 10 05
DEPT. OF STATE
TALLAHASSEE, FLORIDA