

L13000107997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

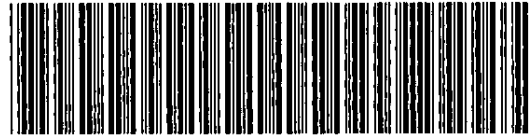
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/12/13--01028--011 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 30 PM 1:42

JUL 31 2013

T. HAMPTON

43-3923-36

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CTS Logic Group 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:

Efrain Gorre

Name of Person

Continental Trading & Services Inc

Firm/Company

167-43 148th Avenue

Address

Jamaica, NY 11434

City/State and Zip Code

efrain@cts-logistics.com

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

For further information concerning this matter, please call:

Allen Frybergh, E.A.

Name of Person

at **631 581-4329**

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
13 JUL 30 AM 6:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 15, 2013

EFRAIN GORRE
CONTINENTAL TRADING & SERVICES INC
167-43 148TH AVE
JAMAICA, NY 11434

SUBJECT: CTS LOGIC GROUP LLC
Ref. Number: W13000039736

We have received your document for CTS LOGIC GROUP LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 513A00017182

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CTS Logic Group 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:

6930 NW 12 Street

Miami, FL 33126

Mailing Address:

6930 NW 12 Street

Miami, 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:

Efrain Gorre

Name

6930 NW 12 Street

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

Miami, FL 33126

FL

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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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 30 PM 1:42

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

Continental Trading & Services Inc / Efrain Gorre Pres

167-43 148th Avenue

Jamaica, NY 11434

MGR

Frank Diaz

C/o CTS Logistics Group, 6930 NW 12 Street

Miami, FL 33126

MGR

Cynthia D Tio

C/o CTS Logistics Group, 6930 NW 12 Street

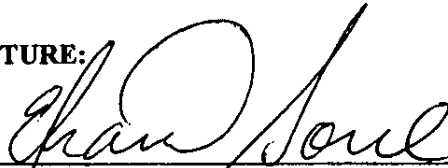
Miami, FL 33126

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Efrain Gorre

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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