

L14000096191

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(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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2014 JUN 13 PM 2:52
CLERK OF SUPERIOR COURT
JANUARY 13 2014

EFFECTIVE DATE

06/09/14

JUN 16 2014

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIL' SAINTS 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:

SONYA CLARK

Name of Person

Firm/Company

P.O. BOX 771589

Address

ORLANDO, FL 32877

City/State and Zip Code

OBSSESSION5FL@AOL.COM

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

For further information concerning this matter, please call:

SONYA CLARK

Name of Person

at (407)

Area Code

257-1970

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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DIVISION OF STATE
CORPORATIONS
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:

LIL' SAINTS 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:

9005 LEE VISTA BLVD #1810

ORLANDO, FL 32829

Mailing Address:

P.O. BOX 771589

ORLANDO, FL 32877

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:

TERRI BURNS

Name

529 HERRING GULL CT.

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

OCOEE

City

FL 34761

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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EFFECTIVE DATE

06/09/14

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CLERK OF COUNTY OF ORANGE
TALLAHASSEE, FL

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

CEO & FOUNDER

Name and Address:

SONYA CLARK

9005 LEE VISTA BLVD #1810

ORLANDO, FL 32829

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JUNE 9, 2014. (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.)

ARTICLE VI: Other provisions, if any.

The purposes for which the Corporation is organized is for trucking services and all other activities necessary to carry out the functions of the Corporation, to engage in any activities and to transact any and all lawful business for which the Corporation may be incorporated under the Florida General Corporation Act and/or

permitted under laws of the United States, doing business as Lil' Saints Logistics, LLC.

REQUIRED SIGNATURE:

Sonya Clark

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

SONYA CLARK

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)

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2014 JUN 13 PM 2:52
DEPT OF STATE
TALLAHASSEE FLORIDA