

Division of Corporations

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L14000126614

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE & MOCARSKI PA
Account Number : 076424000767
Phone : (305) 442-3334
Fax Number : (305) 443-3292

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: CRIVERA@SRH-LAW.COM

FLORIDA LIMITED LIABILITY CO.
INTELLIGENT TRANSPORTATION LOGISTICS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED

14 AUG 12 PM 3:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 12 AM 11:38

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~~L14000048715~~9/1/14
8/13/14

AUG-12-2014 TUE 03:38 PM Siegfried, Rivera, Lerner

FAX NO. 9544652590

P. 04

[H40001876133]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTELLIGENT TRANSPORTATION 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:

OSCAR R. RIVERA, ESQ.

Name of Person

SIEGFRIED, RIVERA, HYMAN, LERNER, DE LA TORRE, MARS & SOBEL, P.A.

Firm/Company

8211 WEST BROWARD BOULEVARD, SUITE 250

Address

PLANTATION, FLORIDA 33324

City/State and Zip Code

ORIVERA@SRHL-LAW.COM

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

For further information concerning this matter, please call:

OSCAR R. RIVERA, ESQ.

Name of Person

at (954) 781-1134

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

AUG-12-2014 TUE 03:37 PM Siegfried, Rivera, Lerner
850-617-6381

8/11/2014 8:52:46 AM

FAX NO. 9544652590
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SCANNED

August 11, 2014

FLORIDA DEPARTMENT OF STATE

SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE & MOCARS
Division of Corporations

SUBJECT: INTELLIGENT TRANSPORTATION LOGISTICS LLC
REF: W14000048715

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return 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.

Elliott R McCaskill
Registration Specialist II

FAX Aud. #: H14000187613
Letter Number: 614A00017118

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TALLAHASSEE, FLORIDA

[H140001876133]

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTELLIGENT TRANSPORTATION 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:**6365 COLLINS AVENUE6365 COLLINS AVENUESUITE 4708SUITE 4708MIAMI BEACH, FLORIDA 33141MIAMI BEACH, FLORIDA 33141**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:

SKRLD, INC.

Name

8211 W. BROWARD BLVD, SUITE 250Florida street address (P.O. Box NOT acceptable)PLANTATION

City

FL 33324

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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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**REYNALDO F. MAYOR6365 COLLINS AVENUE, SUITE 4708MIAMI BEACH, FLORIDA 33141MGRROBERTO GUTIERREZ2332 GALIANO STREETCORAL GABLES, FLORIDA 33134

(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.)

ARTICLE VI: Other provisions, if any.**REQUIRED SIGNATURE:**

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.)

OSCAR R. RIVERA

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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