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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

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EFFECTIVE DATE

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S. YOUNG

· 11/1 39985



June 26, 2014

KAREN SMITH 2200 KINGS HIGHWAY 3-1, STE 229 PORT CHARLOTTE, FL 33980

SUBJECT: ATLANTIC WEST LOGISTICS "L.L.C"

Ref. Number: W14000039985

We have received your document for ATLANTIC WEST LOGISTICS "L.L.C" and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 814A00013973

COVER LETTER

TO: Registration Section	هست معند (بر است
Division of Corporations	<u> </u>
All IT VOLUM	
SUBJECT: Atlantic West Log	
Name of Sit	nited Liability Company
The enclosed Articles of Organization and fee(s) a	re submitted for filing.
Please return all correspondence concerning this m	latter to the following:
Karen Smith	1
	Name of Person
Atlantic Wo	est Logistics "L.L.C"
	Firm/Company
4	
Suite 229	2200 Kings Highway, 3-1
	Address J J
5 1 2 1	
Part Charl	lotte FL 33980
1.	City/State and Zip Code
K-Smith	pal@ comcast get
r:-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, plea	ase call:
Karen Smith at	941 759 3977
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee	□\$155.00 Filing Fee & □\$160.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy
	(additional copy is enclose
	
Mailing Address Registration Section	Street/Courier Address Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
Atlantic West Logis (Must end with the words "Limited	لازمع لـ 1 d Liability Comp	L . C '' pany, "L.L.C.," or "	三名 *LLC:*) []	= 7
ARTICLE 11 - Address: The mailing address and street address of the principal of	office of the Lim	ited Liability Comp	pany is:	1 - T
Principal Office Address:	Mailing Ad	dress:	ا المارية المارية	
Suite 129 2200 Kings Highway 3-1 Port Charlette FL 33980		11'.	93-15-F	00 :51
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	1 Registered Age			or
The name and the Florida street address of the registered	d agent are:			
Atlantic West Log Name	ين المنظرة بي المنطقة	<u>C."</u>		
Suite 229 2200 Florida street address (P.O. Box	Kings Hig x NODacceptate	hway 3-1		
Port Charlotte	<u>F1.</u>	33980 Zip		
Having been named as registered agent and to accept se	rvice of process	for the above stated	l limited liability co	ompany a

Having been named as registered agent and to accept service of process for the above stated limited liability company a 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)

Page 1 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Atlantic West 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: Suite 229 2200 Kings Highway 3-1 Port Charlotte FL 33980 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: Karen Smith Name	ARTICLE I - Name:			
(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: Suite 229 2200 Kings Highway 3-1 Port Charlotte FL 33980 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: Karen Smith Name	The name of the Limited Liability Company is:			
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Karen Smith Name 1061 Fergus Lane				
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1061 Fergus Lane	-	<u> </u>		·-;-}
1061 Fergus Lane	Name	• • •		57)
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	Florida street address (P.O. Box	: NOT acceptable)	7 8	
Punta Gorda FL 33983		**		
City Zip	Punta Gorda	FL 33983		
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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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager MGR	Karen Smith	
WGK	1061 Fergus Lane	
	Punta Gorda FL 33983	

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(Use attachment if necessary)		
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