

L14000127484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

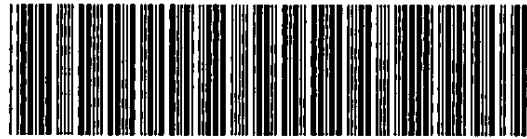
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/18/14--01022--008 **125.00

FILED
14 JUN 18 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

7/1/14

AUG 14 2014

S. YOUNG

39985



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

FILED
14 JUN 18 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FL 32310

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic West Logistics "L.L.C."
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:

Karen Smith

Name of Person

Atlantic West Logistics "L.L.C."

Firm/Company

Suite 229, 2200 Kings Highway, 3-1

Address

Port Charlotte, FL 33980

City/State and Zip Code

k-smith1061@comcast.net

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

For further information concerning this matter, please call:

Karen Smith

Name of Person

at (941)

Area Code

759-3972

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

FILED
14 JUN 18 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Atlantic West Logistics "L.L.C."

(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

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:

Atlantic West Logistics "L.L.C."
Name

Suite 229, 2200 Kings Highway 3-1
Florida street address (P.O. Box NOT acceptable)

Port Charlotte FL 33980
City 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.

Karen Smith

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
14 JUN 18 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

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

1061 Fergus Lane

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

Punta Gorda

City

FL 33983

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.

Karen Smith

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
JUN 18 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Karen Smith

1061 Fergus Lane

Punta Gorda FL 33983

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7-1-2014 (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.)

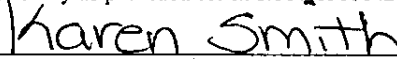
ARTICLE VI: Other provisions, if any.

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.)



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
14 JUN 13 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA