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2015 FEB -9 AM II: 21
SECRETARY OF STATE
TALL AHASSEF FLORIN

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FEB 17 2015 J. HARR!S

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: <u>LWOOD LOGISTICS LLC.</u> Name of Li	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Tommy Leatherwood Jr.	Name of Person	
	LWOOD LOGISTICS	Firm/Company	
	927 E New Haven Ave. Suite 309	Address	
	Melbourne FL. 32901	City/State and Zip Code	
Lv	vood.tommyl@yahoo.com E-mail address: (to be use	d for future annual report notifica	tion)
For fur	ther information concerning this matter, ple	ase call:	
Tomm	y <u>Leatherwood Jr.</u> at (<u>)</u> Name of Person	321) 312-9252 Area Code Daytime Tel	ephone Number
	o Filing Fee Status 2 \$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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FL	LORIDA LIMITED LIABILITY COM	PANY	
ARTICLE I - Name:			
The name of the Limited Liability Company is:			
LWOOD LOGISTICS LLC,			
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "L	LC.")	
ARTICLE II - Address:			
The mailing address and street address of the principal off	fice of the Limited Liability Compa	ıny is:	
Principal Office Address:	Mailing Address:		
927 E New Haven Ave. Suite 309	927 E New Haven Ave. Suite 309		
Melbourne FL. 32901	Melbourne FL 32901		
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own Function business entity with an active Florida registration	Registered Agent. You must design	ate an individual or	
The name and the Florida street address of the registered a	agent are:		
Joseph Hester			
Name			
4253 Tarpon Dr. Se.			
Florida street address (P.O. Box	NOT acceptable)		
St Deteroburg	r: 22705		
St.Petersburg City	<u>FL 33705</u> Zip		
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligion Chapter States Registered Agent's Signature.	the appointment as registered agen of all statutes relating to the proper of gations of my position as registered er 605, F.S	t and agree to act in this and complete performance	
• Registered Agent's Signate	aic (KEQOIKED)		
(CONTINUE	ED)	2015 SEC	
Page 1 of 2		FILED 2015 FEB -9 AM 11:21 SECRETARY OF STATE FALLAHASSEE.FLORIDA	

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