

**L15000157826**

**Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
Logistics Support Services LLC**

Certificate of Status	0
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FAX AUDIT # H150008240903

**ARTICLES OF ORGANIZATION  
OF  
Logistics Support Services LLC**

**ARTICLE I NAME**

The name of the limited liability company is: Logistics Support Services LLC

**ARTICLE II ADDRESS**

The principal place of business and mailing address of this Limited Liability Company shall be:  
55174 Fox Squirrel Drive, Callahan, Florida 32011.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the registered agent are: LJ Walters, 55174 Fox Squirrel Drive, Callahan, Florida 32011. Located in the County of Nassau.

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.

Signature: 

LJ Walters

Date: 9/14/15**ARTICLE IV MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:  
LJ Walters, 55174 Fox Squirrel Drive, Callahan, Florida 32011

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FAX AUDIT # 4150002240903**ARTICLE V DURATION**

The duration for the limited liability company shall be: Perpetual.

41 [Signature] Date: 9/16/15  
(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.)

LJ Walters, Organizer

Authorized Representative

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