

L15000/60/28

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

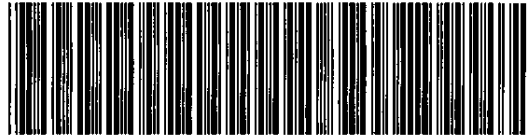
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900276889379

09/11/15--01008--010 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP 11 PM 1:59

APPROVAL
AND
FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Luvanex 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:

Vanessa Bedim

Name of Person

Luvanex Logistics

Firm/Company

486 SW Holden Terrace

Address

Port Saint Lucie, Florida 34984

City/State and Zip Code

founders@luvanexlg.com

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

For further information concerning this matter, please call:

Vanessa Bedim

772

341-8098

at ()

Name of Person

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED
AND
FILED

15 SEP 11 PM 1:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Luvanex 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:

486 SW Holden Terrace

Port Saint Lucie, Florida

Mailing Address:

486 SW Holden Terrace

Port Saint Lucie, Florida 34984

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:

Dirce Ramos Larose

Name

486 SW Holden Terrace

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

Port Saint Lucie

Florida

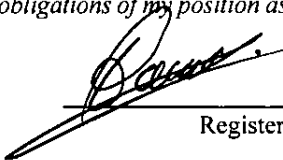
34984

City

State

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)

APPROVED
AND
FILED

ARTICLE IV-

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

15 SEP 11 PM 1:55

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Luis Thiago Ramos Bedim

486 SW Holden Terrace

Port Saint Lucie, Florida 34984

AMBR

Vanessa Bedim

486 SW Holden Terrace

Port Saint Lucie, Florida 34984

(Use attachment if necessary)

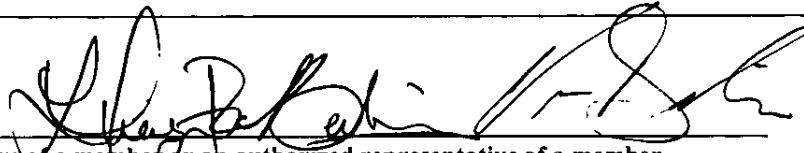
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Luis Thiago Ramos Bedim / Vanessa Bedim

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)