# 115000169473

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Special Instructions to Filing Officer: |
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15 SEP 29 PHII: 04

OCT , 6 2015

S. GILBERT

### **COVER LETTER**

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|               | Division of Corporations  |
|---------------|---|
| SUBJEC        | PRIME GROUP LOGISTICS HOLDING LLC T:  |
|               | Name of Limited Liability Company   |
| The enclo     | sed Articles of Organization and fee(s) are submitted for filing.   |
| Please reti   | urn all correspondence concerning this matter to the following:   |
|               | ROGER A. PAREDES  |
| •             | Name of Person  |
|               | PRIME GROUP LOGISTICS HOLDING LLC   |
|               | Firm/Company  |
|               | 1316 NW 78 AVE  |
|               | Address   |
|               | MIAMI, FL 33126   |
|               | City/State and Zip Code   |
|               | ROGER_PAREDES@HOTMAIL.COM   |
|               | E-mail address: (to be used for future annual report notification)  |
| For further i | information concerning this matter, please call:  |
|               | ROGER PAREDES 305 592-2044  |
|               | Name of Person Area Code Daytime Telephone Number   |
| Enclosed i    | is a check for the following amount:  |
| \$125.00 F    | Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \$\ \text{Certified Copy (additional copy is |

# **Mailing Address**

۲.

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

| ARTICLE I Name: The name of the Limited Liability  |  |  |   | 15 SEP 29 PM 11:04                               |
|--|--|--|---|--|
| PRIME GROUP LOG  | ISTICS HOLDING I   | J.C.   |   | " SEP 29 PHILLS                                  |
| (Must end w  | ith the words "Limite  | d Liability Com  | ·   | TAHASSEE FLORINA                                 |
| The mailing address and street add   | dress of the principal   | office of the Lin  | nited Liability Company is:   | .07(   |
| Principal  | Office Address:  |  | Mailing Add   | ress:  |
| 1316 NW 78 AVE<br>MIAMI, FL 33126  |  |  | 1316 NW 78 AVE<br>MIAMI, FL 33126   |  |
| ARTICLE III - Registered Agen<br>(The Limited Liability Company c<br>another business entity with an ac<br>The name and the Florida street ac                  | annot serve as its own tive Florida registrati                               | n Registered Agon.) d agent are:                           |   | ndividual or                                     |
|  |  | Name   |   |  |
|  | 1316 NW 78 AVE   |  |   |  |
|  | Florida street addre   | ss (P.O. Box <u>NC</u>                                     | <u>DT</u> acceptable)   |  |
|  | MIAMI  | FL   | 33126   |  |
|  | City   | State  | Zip   |  |
| Having been named as registered ag<br>place designated in this certificate, I<br>further agree to comply with the pro<br>am familiar with and accept the oblig | hereby accept the app<br>visions of all statutes i<br>gations of my position | pointment as reg<br>relating to the pr<br>as registered ag | istered agent and agree to act oper and complete performan ent as provided for in Chapte gnature (REQUIRED) | t in this capacity. I<br>ace of my duties, and I |

Page 1 of 2

| <u>Title:</u> "AMBR" = Authorized Member   | Name and Address:  |
|--|--|
| "MGR" = Manager  | DOCED A DADEDEC  |
| PT   | ROGER A. PAREDES 1316 NW 78 AVE  |
|  | MIAMI, FL 33126  |
| SMGR   | OMAR A. ZAMBRANO   |
| <del></del>  | 1316 NW 78 AVE   |
|  | MIAMI, FL 33126  |
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| (Use attachment if necessary)  |  |
| CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.)   | of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days a neet the applicable statutory filing requirements, this date will not be list of State's records.                              |
| CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.)  If the date inserted in this block does not m  | ecific and cannot be more than five business days prior to or 90 days a<br>neet the applicable statutory filing requirements, this date will not be list   |
| CLE V: Effective date, if other than the date effective date is listed, the date must be spette of filing.)  If the date inserted in this block does not measurement's effective date on the Department of   | ecific and cannot be more than five business days prior to or 90 days a<br>neet the applicable statutory filing requirements, this date will not be list   |
| CLE V: Effective date, if other than the date effective date is listed, the date must be spette of filing.)  If the date inserted in this block does not measurement's effective date on the Department of   | ecific and cannot be more than five business days prior to or 90 days a<br>neet the applicable statutory filing requirements, this date will not be list   |
| CLE V: Effective date, if other than the date effective date is listed, the date must be specified filing.)  If the date inserted in this block does not mean the cument's effective date on the Department of CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a mean that any false of the company of the c | ecific and cannot be more than five business days prior to or 90 days a<br>neet the applicable statutory filing requirements, this date will not be list   |
| CLE V: Effective date, if other than the date effective date is listed, the date must be spette of filing.)  If the date inserted in this block does not meant is effective date on the Department of CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a mean This document is executed any aware that any false.  | mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. |

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)