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(Re	equestor's Name)	•
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	**
PICK-UP	· ·	₩)
(Bı	usiness Entity Nam	se)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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T. SCOTT



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COVER LETTER

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	of Corporations
SUBJECT:	CARGO PROVISIONS
Sebulet.	Name of Limited Liability Company
The enclosed Artic	cles of Organization and fee(s) are submitted for filing.
	prrespondence concerning this matter to the following:
	JURATE DAUKSA Name of Person
	Name of reison
	·
	Firm/Company
	12 BIRCHFIELD PLACE
	Address
	PALM (OAST FL 32137 City/State and Zip Code
	City/State and Zip Code BLUE JURA @ GHAIL. COM
	E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
Jur	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
\$125.00 Filing Fe	\$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section New Filing Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
CARGO PF	ROVISIONS LLC.
(Must end with the words "Limite	ed 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:
12 BIRCHFIELD PLACE PACH LOAST FL 3213	12 BIRCHFIELD PLACE PALH LOAST FL. 32137

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:

<u>,</u>

ADTICLET

JURATE	DAUK.	SA	
N	lame		
12 BIRCHIF	IELD_	PLACE	
Florida street address (I	P.O. Box <u>N</u>	OT acceptable)	
PALM LOAST	Fζ	32137	
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)

Page 1 of 2

	Name and Address:	
AMBR'' = Autho		
MGR" = Manage HGR	THOUTE DAILEN	
1165	ZURATE DAUKSA 12 BIRCHFIELD PL	
	PALIY LOAST FL 3	32137
		<u> </u>
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V: Effective dat tive date is lister filing.) ne date inserted in ent's effective da VI: Other provis	e, if other than the date of filing:	late will not