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15 NOV -2 PN 3-32 LUCKETHRY OF STATE PALLARIASSIE, FLORIOA

11/9/15

COVER LETTER

Division of Corporations
SUBJECT: Margos kogistics // C Name of Limited Liability Company
Name of annied Elability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vanessa Morales
Margo's Logistics LLC
Firm/Company
10985 Su) 6 St
Address
miani, FC 33174
City/Stage and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vanessa Morales, 786, 222-0200
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 (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street 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

ARTICLE I - Name: The name of the Limited Liability Company is:	FILED
Margo's Logistics LLC	15 NOV -2 PM 3 32
(Must end with the words "Limited-Liability Company, "L.L.C.," or "LLC.")	THERETARY OF STATE LABLAHASSEE, FLORIDA
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	The Common Country is a Construction of the Co
Principal Office Address: Mailing Ad	dress:
10985 SW 6ST 10985 SW 6	st
many, FL 33174 many, FL 331	74
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 another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	individual or
many FL 33174	
City State Zip	
Having been named as registered agent and to accept service of process for the above stated limited lia place designated in this certificate, I hereby accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the provisions of all statutes relating to the proper and complete performa am familiar with and accept the obligations of my position as registered agent as provided for in Chapter Chapter (Regulation)	ct in this capacity. I nce of my duties, and I

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized N		Name and Address:	
"MGR" = Manager Mg L		Vanessa Morales 10985 SW 657 migni, FL 33174	- -
			_
			- -
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			- -
(Use attachment if necess	• •		
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ARTICLE IV-