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(Re	equestor's Name)	
(Ad	ldress)	
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Special Instructions to	Filing Officer:	
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TALLAHASSEE FLORIDATE

Office Use Only

## **COVER LETTER**

SUBJECT:	IGC Logistics Group LLC.
SUBJEC1;	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	Javier Colosia
•	Name of Person
	IGC Logistics Group LLC.
•	Firm/Company
	4654 State Road 64 East, Suite 159
-	Address
	Bradenton, FL, 34208
jo	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
or further in	formation concerning this matter, please call:
J	avier Colosia 941 538-2111 at ()
_	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fili	Ing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additional copy is enclose
	Mailing Address Street Address

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The Three Second State

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

16 FEB -3 PM 2:21

IGC Logistics Gro		17: 19: 0	MICH GIGN	SECRETARY OF ST TALLAHASSEE FLO
(Must e	nd with the words "Limited	Liability Compa	any, "L.L.C.," or "LLC.")	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ARTICLE II - Address:				
The mailing address and stree	t address of the principal o	office of the Limit	ted Liability Company is:	
<u>Princ</u>	cipal Office Address:		Mailing Ac	ldress:
4744 Spinnaker D	r.	4	654 State Road 64 East, S	Suite 159
Bradenton, FL 34			radenton, FL 34208	
The name and the Florida stre	et address of the registered	d agent are:		
	4744 Spinnaker Dr.			
	Florida street addres	s (P.O. Box <u>NO</u>	[ acceptable)	
	Bradenton	FL	34208	
	City	State	Zip	
Having been named as registered place designated in this certification further agree to comply with the am familiar with and accept the	ite, I hereby accept the app provisions of all statutes r	ointment as regis elating to the pro	tered agent and agree to a per and complete perform	nct in this capacity. I ance of my duties, and I

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Javier Colosia
	4744 Spinnaker Dr., Bradenton, FL 34208
-	
(Use attachment if necessary)	
n effective date is listed, the date mus late of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days after
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