

L160000 77854

(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

W/b-23637



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03/22/16--01018--027 **125.00

16 APR 20 PM 2:21
APR 22 2016
160000

APR 21 2016
S. GILBERT

BONALDES LOGISTICS, INC.
424 GLEASON PKWY,
CAPE CORAL, FL 33914
(561)306-5526

March 17, 2016

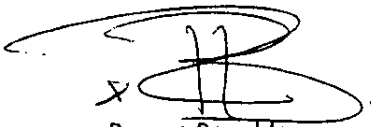
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Ref: Document Number P12000015609

This letter is to certify that I, Ramon Bonalde , President of Bonalde's Logistics, Inc., I will not intent to revoke the dissolution of the above mention corporation, and we'll like to register the same name Bonalde's Logistics LLC, please find attached the articles of organization for a Limited liability company.

If you have any questions or need more information please contact me at the above address.

Sincerely,



Ramon Bonalde



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2016

RAMON BONALDES
4316 LEE BLVD SUITE 6
LEHIGH ACRES, FL 33971

SUBJECT: BONALDES LOGISTICS LLC
Ref. Number: W16000023637

We have received your document for BONALDES LOGISTICS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is P12000015609 - BONALDE'S LOGISTICS INC.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 316A00006547

850 245-6908

RECEIVED
16 APR 20 PM 1:57
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BONALDE'S 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:

RAMON BONALDES

Name of Person

JEMA APT

Firm/Company

4316 LEE BLVD SUITE 6

Address

LEHIGH ACRES, FL 33971

City/State and Zip Code

JESSE@JEMAAPT.COM

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

For further information concerning this matter, please call:

RAMON BONALDES

561

306-5526

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

BONALDE'S LOGISTICS LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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16 APR 20 PM 2:21
FILE
STATE
FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

424 GLEASON PKWY
CAPE CORAL, FL 33914

Mailing Address:

424 GLEASON PKWY
CAPE CORAL, FL 33914

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:

RAMON BONALDE

Name

424 GLEASON PKWY

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

CAPE CORAL

FL

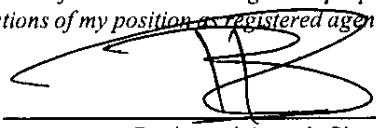
33914

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

RAMON BONALDE

424 GLEASON PKWY

CAPE CORAL, FL 33914

(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.

Ramon Bonalde

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)