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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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FLORIDA LIMITED LIABILITY CO. B&B 883 TRUCKS LOGISTICS SERVICES, LLC

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September 13, 2016

FLORIDA DEPARTMENT OF STATE

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: BAB 883 TRUCKS LOGISTICS SERVICES, LLC

REF: W16000063151

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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

DANIEL L O'KEEFE Regulatory Specialist II FAX Aud. #: H16000226032 Letter Number: 016A00019414

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
B&B 883 TRUCKS LOGISTICS SERVICES, LLC (Must end with the words "Limited Liabil.	
Anna che Mul ille Moldo Dimiles Dische	ty company, E.E.C., or DEC.
ARTICLE II - Address: The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5077 NW 7th ST, APT 1515 MIAMI, FL 33126	SAME AS PRINCIPAL ADDRESS
1121 2/11/12 00 12/0	
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registranother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent	are:
VIII IESKY REI I O	

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..

legistered Agents Signature (REQUIRE)

Page 1 of 2

SEP IL PHIZ: I

<u>Title:</u>		Name and Address:	
	Authorized Member	·	
"MGR" = M		XW IX YD 07/XX 10/X X A	
MGR		YULIESKY BELLO	
		5077 NW 7th ST, APT 1515 MIAMI, FL 33126	
		MIA(MI, FL 55120	

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