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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECONDANGE FEERINGS

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Tri Hi Logistics LLC		
305.5		of Limited Liability Company	•
The enc	losed Articles of Organization and fee	e(s) are submitted for filing.	
Please r	eturn all correspondence concerning t	his matter to the following:	
	Harpreet Johal		. 7.0
		Name of Person	9 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	Tri Hi Logistics LLC		SEP 2
	A-3 M-1	Firm/Company	
	400 Island Way Apt 909		က္၊ တွ
		Address	25 R
	Clearwater FL 33767		
	admin@24dispatch azm	City/State and Zip Code	
	admin@24dispatch.com E-mail address: (to be	e used for future annual report notification)	
For furth	er information concerning this matter,	•	
	Harpreet Johal	559 970-9142 at ()	
	Name of Person	Area Code Daytime Telephone Number	•
Enclose	ed is a check for the following amount	:	
\$125.00	O Filing Fee S130.00 Filing Fee Certificate of Stat	us Certified Copy Certificate (additional copy is enclosed) Certified Copy	e of Status &
	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

Tri Hi Logistics LLC				
(Must end v	with the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ad	Idress of the principal of	ffice of the Lim	nited Liability Company is:	
<u>Principa</u>	Principal Office Address:		Mailing Address:	
400 Island Way Apt	909		5723 Dividend Rd Suite E	
Clearwater, FL 33767			Indianapolis, IN 46241	
	Harpreet Johal	Name		6 SEP
	400 Island Way Apt			ي 2
	Florida street address	s (P.O. Box <u>N</u> C	T acceptable)	7
	Cleamuntan	FL	33767	ά
	Clearwater			
	City	State	Zip	25
ace designated in this certificate, rther agree to comply with the pr	City agent and to accept servi I hereby accept the approvisions of all statutes re bligations of my position	State ice of process for outment as regulating to the process regular, as regular, as regular, as regular, as	Zip or the above stated limited liability comp istered agent and agree to act in this cap roper and complete performance of my a gent as provided for in Chapter 605, F.S ignature (REQUIRED)	נים pany at t pacity. luties, a

Page 1 of 2

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Harpreet Johal
	400 Island Way Apt 909
	Clearwater, FL 33767
	ν.
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	<u>र्</u> या
	رن ن
f filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 or ot meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the coctive date is listed, the date must be if filing.) the date inserted in this block does need in the Department's effective date on the Department.	ot meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than the coctive date is listed, the date must be filing.) the date inserted in this block does no	ot meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than the coctive date is listed, the date must be of filing.) the date inserted in this block does not nent's effective date on the Department EVI: Other provisions, if any. REQUIRED SIGNATURE:	ot meet the applicable statutory filing requirements, this date will not be ent of State's records. Metaber or an authorized-representative of a member.
E V: Effective date, if other than the coctive date is listed, the date must be filing.) the date inserted in this block does not nearly seffective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is explain a ware that any file.	neet the applicable statutory filing requirements, this date will not be ent of State's records. Includer or an authorized-representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State
E V: Effective date, if other than the coctive date is listed, the date must be filing.) the date inserted in this block does not nearly seffective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is explain a ware that any file.	ot meet the applicable statutory filing requirements, this date will not lent of State's records. Metaber or an authorized-representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
E V: Effective date, if other than the coctive date is listed, the date must be filing.) the date inserted in this block does not nearly seffective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is explain a ware that any file.	ot meet the applicable statutory filing requirements, this date will not lent of State's records. metabor or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
E V: Effective date, if other than the detective date is listed, the date must be of filing.) the date inserted in this block does not nearly seffective date on the Department of the Departmen	member or an authorized-representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State igree felony as provided for in s.817.155, F.S.
E V: Effective date, if other than the detective date is listed, the date must be of filing.) the date inserted in this block does not nearly seffective date on the Department of the Departmen	ot meet the applicable statutory filing requirements, this date will not lent of State's records. metabor or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	Tri Hi Logistics LLC		16
Sobot		ited Liability Company	SEP 26
The enc	losed Articles of Organization and fee(s) are	submitted for filing.	26 P#
Please r	eturn all correspondence concerning this ma	tter to the following:	ĊΊ
	Harpreet Johal		25
	41-48-	Name of Person	
	Tri Hi Logistics LLC		
		Firm/Company	
	400 Island Way Apt 909		
		Address	
	Clearwater FL 33767		
	Ci admin@24dispatch.com	ty/State and Zip Code	
	E-mail address: (to be used to	for future annual report notification)	
For furthe	r information concerning this matter, please	call:	
	Harpreet Johal 559	9 970-9142	
		ea Code Daytime Telephone Number	
Enclosed	is a check for the following amount:		
] \$125.00	Filing Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ıs &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tri Hi Logistics LL				
(Must end	with the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	
RTICLE II - Address:				
e mailing address and street a	address of the principal of	fice of the Limited	Liability Company is:	
<u>Princip</u>	oal Office Address:		Mailing Address:	
400 Island Way Ap	t 909	572:	Dividend Rd Suite E	
Clearwater, FL 33767		T 11	Indianapolis, IN 46241	
TICLE III - Registered Ag	ent, Registered Office, &	& Registered Agent.		or
RTICLE III - Registered Ag	ent, Registered Office, & y cannot serve as its own lactive Florida registration address of the registered	& Registered Agent. Registered Agent.	it's Signature:	16 SEP
RTICLE III - Registered Ag he Limited Liability Compan other business entity with an	ent, Registered Office, & y cannot serve as its own l active Florida registration	& Registered Agent. Registered Agent.	it's Signature:	<u></u>
RTICLE III - Registered Ag he Limited Liability Compan other business entity with an	ent, Registered Office, & y cannot serve as its own lactive Florida registration address of the registered Harpreet Johal	& Registered Agent. Registered Agent. 1.) agent are: Name	it's Signature:	16 SEP 2
RTICLE III - Registered Ag he Limited Liability Compan other business entity with an	ent, Registered Office, & y cannot serve as its own lactive Florida registration address of the registered	& Registered Agent. Registered Agent. 1.) agent are: Name	nt's Signature: You must designate an individual	16 SEP 26 PH 5:
RTICLE III - Registered Ag he Limited Liability Compan other business entity with an	ent, Registered Office, & y cannot serve as its own lactive Florida registration address of the registered Harpreet Johal 400 Island Way Apt 9	& Registered Agent. Registered Agent. 1.) agent are: Name	nt's Signature: You must designate an individual	16 SEP 26 PH

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 hyp position as registered agent as provided for in Chapter 605, F.S..

ered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Harpreet Johal 400 Island Way Apt 909 Clearwater, FL 33767
	16 SEP P
	5
	PATE PRIDA 25
(Use attachment if necessary)	
If an effective date is listed, the date must be speci he date of filing.)	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as State's records.
This document is executed I am aware that any false in	ther or an authorized-representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. aformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
Harpreet Johal	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)