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(City/State/Zip/Phone #)

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(Document Number)

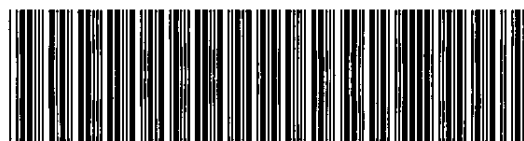
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OCT 13 2016

T. SCOTT



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10/03/16--01014--016 \*\*125.00

16 OCT 12 AM 10:18



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 4, 2016

KAREN SMITH  
1061 FERGUS LANE  
PUNTA GORDA, FL 33983

SUBJECT: ATLANTIC WEST LOGISTICS LLC  
Ref. Number: W16000068086

We have received your document for ATLANTIC WEST 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):

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

Please return 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.

Tyrone Scott  
Regulatory Specialist II

Letter Number: 116A00021323

10/12/16  
per conversation with Mr. Kim Smith  
list Mrs. Karen Smith as registered agent  
B2 10/12/16

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Atlantic West 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:

Karen Smith  
Name of Person

Atlantic West Logistics LLC  
Firm/Company

1061 Fergus lane  
Address

Punta Gorda FL 33983  
City/State and Zip Code

Atlanticwestlogistics@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Smith at ( 941 ) 875 0650  
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:

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1061 Fergus Lane  
Punta Gorda FL 33983

1061 Fergus Lane  
Punta Gorda FL 33983

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:

Atlantic West Logistics LLC | Karen Smith  
Name

1061 Fergus Lane  
Florida street address (P.O. Box **NOT** acceptable)

Punta Gorda FL 33983  
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..

Karen Smith

Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 OCT 12 AM 12:19

**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:**

Karen Smith

1061 Fergus Lane

Punta Gorda FL 33983

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10-10-16 (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:**

Karen Smith

**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.

Karen Smith

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)