

L16000190839

(Requestor's Name)

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(City/State/Zip/Phone #)

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16 OCT 17 PM 3:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

10/17/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Emily'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:

Luis Carlos Salinas Vanegas

Name of Person

Firm/Company

2923 Autumn Run Ct.

Address

Orlando Florida 32822

City/State and Zip Code

luiscarlos.s.v@hotmail.com

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

For further information concerning this matter, please call:

Frank Steve Carpio

407

9531528

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

16 OCT 17 PM 12:33

BUREAU OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

September 28, 2016

LUIS CARLOS SALINAS VANEGAS
2923 AUTUMN RUN CT
ORLANDO, FL 32822

SUBJECT: EMILY'S LOGISTICS LLC
Ref. Number: W16000066780

We have received your document for EMILY'S LOGISTICS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You complete Article III and the Registered Agent must sign.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 916A00020857

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Emily's 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:

2923 Autumn Run Ct.
Orlando, FL 32822

Mailing Address:

2923 Autumn Run Ct.
Orlando, FL 32822

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:

Luis Carlos Salinas Vanegas.
Name

2923 Autumn Run Ct
Florida street address (P.O. Box **NOT** acceptable)

Orlando FL 32822
City State Zip

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TALLAHASSEE FLORIDA

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..

[Signature]
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:

Luis Carlos Salinas Vanegas

2923 Autumn Run Ct

Orlando, FL 32822

AMBR

Frank Steve Carpio

1812 Gadsen Blvd.

Orlando, FL 32812

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STATE OF FLORIDA
TALLAHASSEE

(Use attachment if necessary)

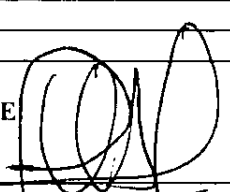
ARTICLE V: Effective date, if other than the date of filing: October 01, 2016. (OPTIONAL)

(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.

Luis Carlos Salinas Vanegas

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)