

L16000227820

(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



300292300983

11/18/16--01008--026 \*\*125.00

FILED  
16 DEC 12 PM 4:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D O'KEEFE  
DEC 19 2016

D O'KEEFE  
NOV 23 2016

W16-79009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

REGISTRATION  
BUREAU  
CORP.

3:51

NOV 23 2016

November 23, 2016

RUSLAN VIRICHENKO  
4218 KEY BISCAVNE LANE, APT. 123  
WINTER PARK, FL 32792

SUBJECT: LOGISTIC LINES LLC  
Ref. Number: W16000079009

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 DEC 12 PM 4: 59

FILED

We have received your document for LOGISTIC LINES 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 an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000122022.

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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 716A00025201

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LLINES 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:

RUSLAN VIRICHENKO  
Name of Person

4218 Key Biscayne Lane, Apt. 123  
Firm/Company

Winter Park, FL, 32792  
Address

LLINESLLC @ GMAIL. COM  
City/State and Zip Code

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

For further information concerning this matter, please call:

Ruslan at (917) 907-3077  
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:

LLINES 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:

4218 Key Biscayne Lane  
APT. 123  
Winter Park, FL, 32792

Mailing Address:

4218 Key Biscayne Lane  
APT. 123  
Winter Park, FL, 32792

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:

VIRICHENKO RUSLAN

Name

4218 Key Biscayne Lane, Apt. 123

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

Winter Park, FL, 32792

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.

Ruslan Virichenko

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

AMBR

**Name and Address:**

VIRICHENKO RUSLAN  
4218 Key Biscayne Lane, Apt. 123  
Winter Park, FL, 32792

VIRICHENKO OLENA  
4218 Key Biscayne Lane, Apt. 123  
Winter Park, FL, 32792

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/01/2017 (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:**

Ruslan Virichenko

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.

Ruslan Virichenko

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 DEC 12 PM 5:00

FILED