

L17000136314

(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

N. SAMS

JUN 26 2017



000300535570

06/26/17--0015--02P \*\*0000

RECEIVED  
TALLAHASSEE, FLORIDA

17 JUN 22 PM 4:46

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Food by Rail Facilities 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:

Marcus S. Kostolich  
Name of Person  
Food by Rail Logistics Holdings, Inc.  
Firm/Company  
Post Office Box 692226  
Address  
Orlando, Florida 32869-2226  
City/State and Zip Code  
marc1943@gate.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcus S. Kostolich 407 264.9726  
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:

Food by Rail Facilities LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

17 JUN 22 PM 4:46

TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

10145 Blazed Tree Court

Orlando, Florida 32821-8272

Mailing Address:

Post Office Box 692226

Orlando, Florida 32869-2226

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:

Marcus S. Kostolich

Name

10145 Blazed Tree Court

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

Orlando

Florida

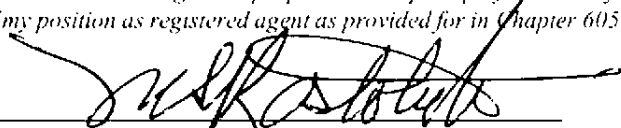
32821-8272

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..*

  
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:**

Marcus S. Kostolich

10145 Blazed Tree Court

Orlando, Florida 32821-8272

AMBR

Kevin R. McKinney

1265 Monticello Drive

Pinehurst, North Carolina 28374

AMBR

Alexander H. Jordan

3 North Hampshire Court

Greenville, Delaware 32837-2535

AMBR

Ralph P. Perrino, CPA

14220 Lord Barclay Drive

Orlando, Florida 32837

(Use attachment if necessary)

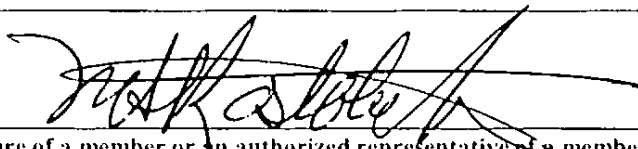
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

Marcus S. Kostolich

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)