

L17000186350
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000234370 3)))



H170002343703ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120800000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

17 AUG 30 PM 3:44

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
AMCO LOGISTICS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

17 AUG 30 AM 11:27
FLORIDA DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

AUG 31 2017

K. Brumbley

H17000234370

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "LLC," or "LLC.")

AMCO LOGISTICS, LLC

ARTICLE II - Address:

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

11549 NW 62 TE 438

DORAL FL 33178

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (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.)

JOSE ARTEAGA

11549 NW 62 TE 438

DORAL FL 33178

ARTICLE IV-

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

JOSE E ARTEAGA

AMBR

ENRIQUE S MOLINA

AMBR

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

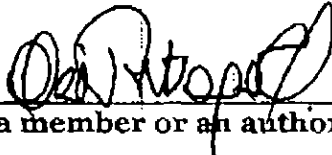
17 AUG 30 AM 11:27

LLC

H17000234370

Required Signatures:

H17000234370

**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.

JOSE E. ARTIGA**Typed or printed name of signee**

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)**

H17000234370