

LM1000244847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

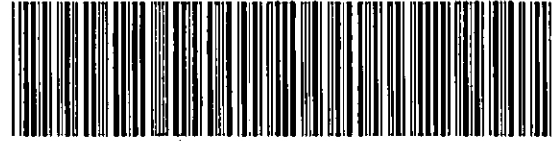
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N CULLIGAN

NOV 30 2017

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SMH GLOBAL 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:

STAVARIO M HOLLINGER
Name of Person

SMH GLOBAL LOGISTICS - BROKERAGE LLC
Firm/Company

5879 ANSLEY WAY
Address

MOUNT DORA Florida 32757
City/State and Zip Code

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

For further information concerning this matter, please call:

STAVARIO HOLLINGER at (407) 271-6983
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:

JMH Global Logistics LLC

(Must contain 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:

5879 ANSLEY WAY
MAINT DORA
FLORIDA 32757

Mailing Address:

P.O. BOX 602
5424 WAKE ST
TAMPA FL

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:

Shawna M Hollinger Sr.
Name

5879 ANSLEY WAY
Florida street address (P.O. Box NOT acceptable)

MAINT DORA FL 32757
City State Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 NOV 28 AM 10:10

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..

Shawna M Hollinger Sr.
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

"AMBR"

Name and Address:

Dominique T Hollinger
5789 Ansley Way
Mount Dora FL 32757

MGR

Shawreva M Hollinger
5789 Ansley Way
Mount Dora FL 32757

MGR

Shawreva M Hollinger Jr.
5789 Ansley Way
Mount Dora FL 32757

MGR

Rachel M Faison
5789 Ansley Way
Mount Dora FL 32757

(Use attachment if necessary)

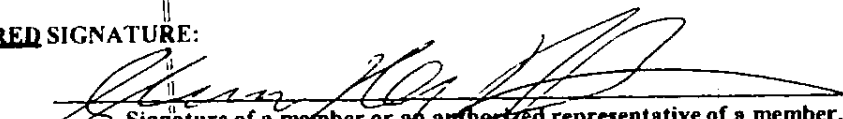
ARTICLE V: Effective date, if other than the date of filing: 01-08-18 (OPTIONAL)

(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.

Shawreva M Hollinger Sr.
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)

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SECRETARY OF STATE
TALLAHASSEE FL 32399