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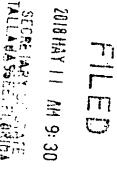
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Special Instructions to	Filing Officer:	
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Office Use Only



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# · COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Number 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:
Ismael Rosario Name of Person
Firm/Company
13615 Bayview isle dr. apt 205
Orlando fl, 32824  City/State and Zip Code  NVS Logistics LLC @ Gmail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ismael Rosario at (407) 580 5775  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:    \$125.00 Filing Fee

# 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:
(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: Mailing Address:
13615 Bayview isle Dr apt 205 Orlando FL, 32824  Orlando FL 32824  Orlando FL 32824
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:
The name and the Florida street address of the registered agent are:
Vicole Quijano
Name
Name  13903 timberland dr apt 202  Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
Orlando fl 32824 City State Zip
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 (REQUIRED)
Registered (Meent's Signature (REQUIRED)
(CONTINUED)

AMBR" = Authorized Member MGR" = Manager Amba	Ismael Rosario
AMBP	
AMBP	13615 bayview Isle dr
AMBR	orlando Jel 32824
<del></del>	Nicole guijano
	13903 timberland dr
_	Orland Fl 32824
MBR	Traida Santiago
	01/2015 nouview 15/16 dr 01/2010 12 32 82 4
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Jse attachment if necessary)	
ent's effective date on the Department of State	e applicable statutory filing requirements, this date will not e's records.
VI: Other provisions, if any.	
VI: Other provisions, if any.	
	<i>O</i> A
EOUIRED SIGNATURE:	Dr an authorized representative of a member.
EOUIRED SIGNATURE:  Signature of a members This document is executed in a	or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes.
EOUIRED SIGNATURE:  Signature of a members This document is executed in a I am aware that any false inforn	accordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State
Signature of a member of a may also inform that any false inform constitutes a third degree felony	accordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.
Signature of a member of a may also inform that any false inform constitutes a third degree felony	accordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State
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