## 18000350109

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:	New Filing Section Division of Corporations	
SUBJEC	Absolute Logistics Solution	ns, LLC
OCDOLE		ame of Limited Liability Company
The encl	osed Articles of Organization an	nd fee(s) are submitted for filing.
Please re	turn all correspondence concern	ing this matter to the following:
	Siamak Azmoudeh	
		Name of Person
		Firm/Company
	15907 Dawson Ridge blvd	
		Address
	Tampa, FL 33647	
	Sia-az@hotmail.com	City/State and Zip Code
	E-mail address: (	to be used for future annual report notification)
For further	information concerning this ma	tter, please call:
	Siamak Azmoudeh	813 309-0191 at ( )
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amo	ount:
\$125.001	Filing Fee \$130.00 Filing Certificate of	
	Mailing Address	Street Address

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

	<u>Title:</u>	Name and Address:
	"AMBR" = Authorized Members	<del></del>
	"MGR" = Manager	
	MGR	Siamak Azmoudeh
		15907 Dawson Ridge Blvd.
		Tampa, FL 33647
	MGR	Dumitru Vlad
	<del></del>	Str. Luminii 6, Braila,
		810214 Romania
		<del></del>
	(11 1 10	
	ILICO SIISCHMANT II MACACCOMII	
	(Use attachment if necessary)	
ARTIC	•	n the date of filing: (OPTIONAL)
ARTIC	LEV: Effective date, if other tha	n the date of filing:
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(If an e	LE V: Effective date, if other that ffective date is listed, the date re of filing.)	ust be specific and cannot be more than five business days prior to or 90 days after
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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)