(Re	questor's Name)	<del></del>
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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: REME hagistics 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:
Regirald Londagne Herring
REME Logistics
4683 North Jefferson Hwy
Markicello 71 32344  City/State and Zip Code  Teggischessin 75@9 mg; L.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Regirald Herring at (850) 322-1432 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status  S155.00 Filing Fee Certified Copy (additional copy is enclosed)  S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	v Company is:			
REME L	ugistic LC	Company, "L.L.C"	or "LLC.")	
ARTICLE II - Address: The mailing address and street ac	ldress of the principal office of th	e Limited Liability (	lompany is:	
Principa 4163 N Jeffe Manhadlo 7	1500 Hwy 32344	4133 N Monticello	Mailing Address: Jeffleson H 71 32344	wy
ARTICLE III - Registered Ago (The Limited Liability Company another business entity with an :	nt, Registered Office, & Registo cannot serve as its own Registere ctive Florida registration.)	ered Agent's Signat d Agent, You must (	ture; designate an individu	al or
The name and the Florida street	hegicald. Herrin			
	Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)		
	Monticello 7 City Star	te 7	434 9	
place designated in this certificate, urther agree to comply with the pi	igent and to accept service of proc I hereby accept the appointment of tovisions of all statutes relating to digations of my position as registe	us registered agent as the proper and comp red agent as provide	nd agree to act in this lete performance of n d for in Chapter 605,	capacity   I iy duties, and I
	Ų Ū	At's Signature (REQ)	UfRED)	2010 DEC -6 PH 2: 0:
				-6 PH 2: 09 RY - STATE SEF - Login

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
mgr	Regiral Herrico Tives a Jetterson Huy Menticello H 3251114
(Use attachment if necessary)  EV: Effective date, if other than the fective date is listed, the date must	date of filing:
JE V: Effective date, if other than the fective date is listed, the date must of filing.) if the date inserted in this block does iment's effective date on the Depart	not meet the applicable statutory filing requirements, this date will not be
JEV: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does iment's effective date on the Depart	not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the fective date is listed, the date must of filing.)	not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ament's effective date on the Depart EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is all am aware that an	not meet the applicable statutory filing requirements, this date will not be