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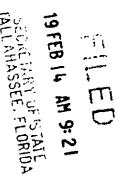
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Logisticourier, 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:
Helen Jungenberg Name of Person
Firm/Company
6121 Collins Rd, Lot 190
Jacksonville, FL 32244
Tacksonville, FL 32244 helendipity 74@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Helen Jungenbergat 904 327-2975 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 Certified Copy (additional copy is enclosed) \$160,00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Chiton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	Company is:		
Logi	Sticourier the words "Limited Liability Co	LLC	
(Must contain	the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addr	ess of the principal office of the	Limited Liability Company is:	
<u>Principal</u>	Office Address:	Mailing Address:	
6121 (ollins Jacksonville	12d, Lot 190 PL 32244	Jacksonville, F	<u>0 + 190</u> <u>[3</u> 2244
another business entity with an action of the name and the Florida street addrawing been named as registered agolace designated in this certificate, 1 for ther agree to comply with the province.	mot serve as its own Registered ave Florida registration.) hess of the registered agent are Helen J Name Collins Florida street address (P.O. Box JCKS on Ville) City State out and to accept service of processereby accept the appointment as isions of all statutes relating to the	Agent. You must designate an individual and the second of	FEB IN M 9:21 CIKE INFE OF STATE CIRCLES FLORIDA mpanyar the capacity. I y duties, and I
m familiar with and accept the oblig	Holico	d agent as provided for in Chapter 605, to Signature (REOTRED)	V.S.,

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager ————————————————————————————————————	Helen Jungenberg Lidi Collins Rd, Lot 190 Jacksonville, FL 32244
	70 10 T
	S S T
(Use attachment if necessary)	e of filing: 08/19/2019 (OPTIONAL)
the date of filing.)	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	Lachery
This document is exect I am aware that any fals	tember of an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State are felouv as provided for in 8.817-155, F.S.
He len	Tyngen berg Typed or printed name of signee
	Typed or printed name of signee

The name and address of each person authorized to manage and control the Limited Liability Company;

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

8 5.00 Certificate of Status (Optional)