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(Red	questor's Name)	
(Add	dress)	<u></u>
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(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	





800328153858

19 APR-1-7-PH-12:-

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 729876 7504317

AUTHORIZATION:

COST LIMIT : \$ 125.00

ORDER DATE: April 17, 2019

ORDER TIME : 1:51 PM

ORDER NO. : 729876-005

CUSTOMER NO: 7504317

DOMESTIC FILING

NAME: PBS LOGISTICS LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
YX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen - EXT. 62974

EXAMINER'S INITIALS:

COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	PSB Logistics LLC		
SUBJEC		of Limited Li	ability Company
The encle	osed Articles of Organization and fo	ce(s) are subm	itted for filing.
Please re	turn all correspondence concerning	this matter to	the following:
	Becky M. Lopez		
		Nam	e of Person
	Ferraiuoli LLC		
		Firn	n/Company
	221 Plaza, 5th Floor, 221 Por	nce de Leon /	Ave.
		, i	Address
	San Juan, PR 00917		
	blopez@ferraiuoli.com	City/Stat	e and Zip Code
		oe used for futi	are annual report notification)
For further	information concerning this matter	, please call:	
	Becky Lopez	787 at (766-7000
	Name of Person	Area Cod	Daytime Telephone Number
Enclosed	is a check for the following amoun	t:	
\$125.00	Filing Fee S130.00 Filing Fo	tus └└└Ce	55.00 Filing Fee & S160.00 Filing Fee, rtified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	R	TI	C	LE.	1.	- Na	me:

The name of the Limited Liability Company is:

PSB 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:

Mailing Address:

Cond. Grand Royal Apt. #2	Cond. Grand Royal Apt. #2
1354 Luchetti Street	1354 Luchetti Street
San Juan, PR 00907	San Juan, PR 00907

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:

Corporation Service Company	
3.1	

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

<u>Tallahassee</u>	FL	32301
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..

Corporation Service Company

Lydia Cohen
Asst. Vice President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

_19_APR_17__PM-121-55

FILED

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Felipe Benedit
	Cond. Grand Royal Apt. #2, 1354 Luchetti St.
	San Juan, PR 00907
AMBR	Cesareo Pardellas
AIVIDIX	Calle San Benito 45, Bajo C Madrid
	España, 28029
	
EV: Effective date, if other than the da ctive date is listed, the date must be s	te of tiling: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ctive date is listed, the date must be seffling.) the date inserted in this block does not ment's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no
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retive date is listed, the date must be set filling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a material This document is exectly am aware that any fall.	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no
E V: Effective date, if other than the date of the date is listed, the date must be soffling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic date of the decimal of the document is exectly an aware that any fall.	meet the applicable statutory filing requirements, this date will not of State's records. member or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b). Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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