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	(Requestor's Name)
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	(Business Entity Name)
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Special Instruction	ns to Filing Officer:
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	Office Use Only



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IN DIVINIONA

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Broughtlig	ht. Locistics LLC.
Name of L	mited Liability Opmpany
The enclosed Articles of Organization and fee(s) a	re submitted for filing.
Please return all correspondence concerning this n	
Breichtluc	ht-lopstics LLC.
Atn: Fr	ont Maz
6930	au 12th St.
<u>+ + 00</u>	Address
Mami	, tloridu. 33126
fd1A2 6	city/State and Zip Code might Light. Com. do
	d for future annual report notification)
For further information concerning this matter, plea	se call: 829 , 291 9009
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	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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
ranana25566, FL 32314	Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

.C.

(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:



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 a	address of fi	registered	agefit ate:	us	
	6930	NW	Name 12th	St	Mism.
	Florida str	reet addres:	s (P.O. Box <u>N(</u>	<u>DT</u> accepta	
		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 Agent's Signature (REQUIRED)

(CONTINUED)

PX I: 11 С

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company:

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"AMBR" = Authorized Member "MGR" = Manager	
"MGK" = Manager	
M CD	
MER	Frunc Ing ba
	1930 M 1001 33126
MER	De la colis
MER	lene wysas
	-Mainmi florence 33/26.
	-6130 WW 12th St
(Use attachment if necessary)	
	ling: (OPTIONAL)
RTICLE V: Effective date, if other than the date of fi	ling: (Or flow days prior to or 90 days aff
an effective date is listed, the date must be specified	canu cunnot be more man to a s
e date of filing.) ote: If the dute inserted in this block does not meet	the applicable statutory filing requirements, this date will not be listed
e document's effective date on the Department of S	said's records.
RTICLE VI: Other provisions, if any.	
TICLE VI. Older provisions, it any	·
XN	M
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
	er or an authorized representative of a member.
Signature of a memb	er or an authorized representative of a member. recordence with section 605.0203 (1) (b), Florida Statutes.
Signature of a memb	er or an authorized representative of a member. recordence with section 605.0203 (1) (b), Florida Statutes. brination submitted in a document to the Department of State how as provided for a s.8 (7.155, F.S.
Signature of a memb This document is executed i I am aware that any false inf constitutes a third degree fel	prescordance with section 00.020 (1) (0), returnent of State prination submitted in a document to the Department of State provas provided for (n.s.8) 7.155, F.S.
Signature of a memb This document is executed it I am aware that any false inf constitutes a third degree fel	precordince with set for observer to the Department of State primation submitted in a document to the Department of State priv as provided for in s.8 (7.155, F.S.
Signature of a memb This document is executed it I am aware that any false inf constitutes a third degree fel	precordence with section objects (1) (5, repartment of State privation submitted in a document to the Department of State privas provided for in s.8 7.155, F.S. yped or printed name of signee
Signature of a memb This document is executed it I am aware that any false inf constitutes a third degree fel	precording with section observers (i) (c), repartment of State primation submitted in a document to the Department of State priv as provided for in s.8 7.155, F.S.

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