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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RESUBMIT DOCUMENT

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: D.MONTALVO77@GMAIL.COM

**FLORIDA LIMITED LIABILITY CO.
D & M TRUCKING LOGISTICS LLC**

Certificate of Status	1
Certified Copy	0
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J DENNIS



November 8, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BUBCO

SUBJECT: D & M LOGISTICS LLC
REF: W19000098790

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

FAX Aud. #: H19000329429
Letter Number: 419A00023138

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

D & M TRUCKING LOGISTICS LLC

(Must end with 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:**2418 SOUTHERN LINKS DR
FLEMING ISLAND, FL 320032418 SOUTHERN LINKS DR
FLEMING ISLAND, FL 32003**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:

DAVID MONTALVO

Name

2418 SOUTHERN LINKS DRFlorida street address (P.O. Box **NOT** acceptable)FLEMING ISLAND FL 32003

City

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)DAVID MONTALVO

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

DAVID MONTALVO

2418 SOUTHERN LINKS DRIVE

FLEMING ISLAND, FL 32003

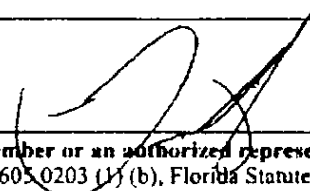
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

DAVID MONTALVO

Typed or printed name of signee

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