19000276824

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	

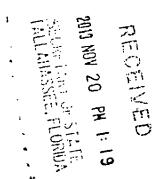
Office Use Only

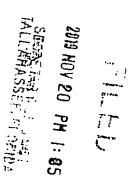
7. SCOTT



400337115874

11/20/19==01002==022 **160.00





COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Milton Transportation 3 Logistic Name of Limited Liability Compan	S LLC.
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Milton Transportation 3 Logistic	s LLC
_ Eric James Millon	
4910 N. Monroe St. Apt. F207	
Tallahassee Florida 32303 City/State and Zip Cod	e
E-mail address: (to be used for tuture annual repo	ort notification)
For further information concerning this matter, please call:	
<u> </u>	- 3240 ne Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Certificate of Status Cadditional copy is	Certificate of Status &
Mailing Address Street A	
	ng Section of Corporations
P.O. Box 6327 Clifton I	Building
Tallahassee, FL 32314 2661 Es	eeutive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: ' The name of the Limited Liability	Company is:			
Milton In	-ansportation 3 in the Words - Limited Lin	Logistics bilit Company.	"L.L.C.," or "L.L.C.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal offic	ce of the Limited	Liability Company is:	
Principa	d Office Address:		Mailing Address:	
-Quincy-F-1-	35321		110 N. Monroe St. Ap Monrosee F1 32303	<u>1.F207</u>
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own R	egistered Agent.	ent's Signature: You must designate an individu	ial or
The name and the Florida street	address of the registered a	gent are:		
	Him sin3	Name		
	Florida street address	roe St. A (P.O. Box <u>NOT</u>	pi.F207 acceptable)	
	Tallahussee City	State	32303 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 jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

2819 NOV 20 PM 1: 85

MBR" = Authorized Member GR" = Manager tutponzed Membe R	
A A	Eric James Milton 4910 N. Monroe St. Apt. F207
Mang egg	Tallahassee F1 32303
	Tallabeacae F1 32309
Ise attachment if necessary)	
filing.)	The applicable statutory filing requirements. This date will not
ent's effective date on the Department of S	ittun is medically unable to perform
ent's effective date on the Department of S VI: Other provisions, if any. FURL TECSON FOR James 11 FURL TECSON FOR JAMES 11 FURL TO THE "AMES" Auchor	litting is medically unable to perform
ent's effective date on the Department of S VI: Other provisions, if any. THE TENT PERSON FOR JOHNS MELLES OF THE "AMBR" Authories Desirage Million to got a REOURED SIGNATURE:	it is medically unable to perform ited Member Monager be will authorize a his behalf. Millon mer or an authorized representative of a member.
VI: Other provisions, if any. THE TAMBE AND TO AND THE DESIGNATURE: Signature of a member of a may aware that any false in constitutes a third degree is	interior records. Althor is medically unable to perform rized Member Monager be will authorize to his behalf: Outland Outland
VI: Other provisions, if any. THE TAMBE AND TO AND THE DESIGNATURE: Signature of a member of a may aware that any false in constitutes a third degree is	it is medically unable to perform ited Member Monager be will authorize this behalf. Derived representative of a member, in accordance with section 605.0203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State