## 119000286394

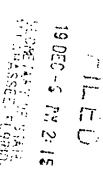
	(Requestor's Name)
	(Address)
1	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Cenified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



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## **COVER LETTER**

	v Filing Serision of Co			
SUBJECT:	NEX	XXT LEVEL	LOGISTIC	S LLC.
The enclosed	l Articles of	Organization and fee(s) are	submitted for filing.	
Please return	all corresp	ondence concerning this mat	tter to the following:	
-		CHEF	RYLD. JONES	
-		NEXXT LEV	/EL LOGISTICS	LLC
			Firm/Company	
_		6424 SW	84TH TERRAC	CE
			Address	
		GAINES	SVILLE, FL 3260	8
_		XTLEVELLO(	ty/State and Zip Code  SISTICS01@GN  for future annual report notificat	
For further in	ormation co	oncerning this matter, please	call:	•
C	HER\	L JONES at (at (	352. 327-2148 ea Code Daytime Telephoi	ne Number
Enclosed is a	check for t	he following amount:		
<b>50\$</b> 125.00 F	iling Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Maili</u>	ng Address	Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Must conatin the words "Limited Liability Con	STICS LLC. mpany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the l	Limited Liability Company is:	
Principal Office Address: 6424 SW 84TH TERRACE GAINESVILLE, FL 32608	Mailing Address: 6424 SW 84TH TERRACE GAINESVILLE, FL 32608	
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	ed Agent's Signature: Agent. You must designate an individual or	
The name and the Florida street address of the registered agent are:		
CHERYL JC	NES	
6424 SW 84TH T Florida street address (P.O. Box		
GAINESVILLE, I	•	
City State	Zip	
Having been named as registered agent and to accept service of process place designated in this certificate. I hereby accept the appointment as a further agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registered Registered Agent's	registered agent and agree to act in this capacity. I proper and complete performance of my duties, and I	
(CONTIN	(UED) :::['] ::[''] ["	

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	CHEDYL IONES
_MANAGER_	CHERYL JONES
	GAINESVILLE, FL 32608
	·
(Use attachment if necessary)	
**	
•	date of filing: (OPTIONAL)
RTICLE V: Effective date, if other than the fan effective date is listed, the date must b	date of filing:
RTICLE V: Effective date, if other than the f an effective date is listed, the date must be date of filing.)	e specific and cannot be more than five business days prior to or 90 days after
RTICLE V: Effective date, if other than the f an effective date is listed, the date must be date of filing.)	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as
RTICLE V: Effective date, if other than the fan effective date is listed, the date must be date of filing.)  lote: If the date inserted in this block does	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as
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RTICLE V: Effective date, if other than the fan effective date is listed, the date must be date of filing.)  lote: If the date inserted in this block does not document's effective date on the Department of the date of the Department of Signature of the Signature of the service of the date of the Department of the Dep	not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.  Applicable statutory filing requirements, this date will not be listed as ment of State's records.
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RTICLE V: Effective date, if other than the fan effective date is listed, the date must be date of filing.)  lote: If the date inserted in this block does in document's effective date on the Department of the date of the Department of the Departm	not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.  a member of an authorized representative of a member.  executed in accordance with section 605.0203 (1) (b), Florida Statutes.  false information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)