

1/10/2020

Division of Corporations

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Florida Department of State
Division of Corporations
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Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
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****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

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FLORIDA LIMITED LIABILITY CO.

Florida Coastal Carriers, LLC

Certificate of Status	0
Certified Copy	0
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January 13, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEGALINC CORPORATE SERVICES INC.

SUBJECT: FLORIDA COASTAL CARRIERS, LLC
REF: W20000002769

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.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

WILLIAM LAWRENCE
Regulatory Specialist II

FAX Aud. #: H20000010763
Letter Number: 820A00000921

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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is:

FLORIDA COASTAL CARRIERS, LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is: 1850 S. Ocean Boulevard, Unit 803, Pompano Beach, Florida 33062.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent is:

KEITH BARCZ
Name

1850 S. Ocean Boulevard, Unit 803
Florida street address (P.O. Box NOT acceptable)

Pompano Beach, Florida 33062
City, State, and Zip

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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.



KEITH BARCZ
Registered Agent's Signature

(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

Name and Address:

KEITH BARCZ, AMBR

1850 S. Ocean Boulevard, Unit 803
Pompano Beach, Florida 33062

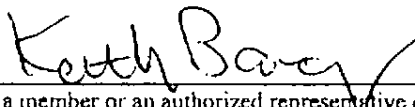
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI - Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) Florida Statutes. I am aware that any false information submitted in this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

KEITH BARCZ

Typed or printed name of signee

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