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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: New Filing Section
        Division of Corporations

SUBJECT: *Healthcare and Transport Logistics*
         Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Felicia Jackson - Stanley
Name of Person

Healthcare and Transport Logistics
Firm/Company

1563 Capital Circle SE Suite #82
Address

Tallahassee, Fl. 32301
City/State and Zip Code

liciapooh01@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☒ $125.00 Filing Fee   ☐ $130.00 Filing Fee &   ☐ $155.00 Filing Fee &   ☐ $160.00 Filing Fee,
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                        (additional copy is enclosed)   Certified Copy
                                                                                   (additional copy is enclosed)

Mailing Address   **Street Address**
New Filing Section   New Filing Section Division
Division of Corporations   The Centre of Tallahassee
P.O. Box 6327   2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314   Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Health Care and Transport Logistics, LLC

(Must conatin 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:
1563 Capital Circle SE Suite #82 Tallahassee Fl. 32301	P.O. Box 5841 Tallahassee, Fl. 32314

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:

Felicia Jackson-Stanley
Name

1563 Capital Circle SE. suite #82
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee _Fl._ _32301_
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)

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

Title: Name and Address:
"AMBR" = Authorized Member
"MGR" = Manager
MGR   Felicia Jackson - Stanley
                                                    1563 Capital Circle SE Suite #82
                                                    Tallahassee, Fl 32301

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TALLAHASSEE, FL
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: __1/1/2020__ . (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:

Felicia Stanley
Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Felicia Jackson Stanley
Typed or printed name of signee

Filing Fees:
$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)