

L200000051678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

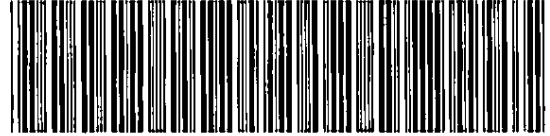
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2020 FEB 20 PM 2:47

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N CULLIGAN

FEB 20 2020

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: I-95 Express Courier L.L.C.
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:

Joe L. Thomas Jr
Name of Person

I-95 Express Courier L.L.C.
Firm/Company

1126 S. Federal Hwy Unit # 362
Address

Fort Lauderdale Florida 33316
City/State and Zip Code

i95expresscourier@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guadalupe Flores at (954) 200-2193.
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

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

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

I-95 Express Courier L.L.C.

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1126 S. Federal Hwy
Unit #362
Fort Lauderdale Florida 33316

Mailing Address:

1126 S. Federal Hwy
Unit # 362
Fort Lauderdale Florida 33316

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:

Joe L. Thomas Jr
Name

1126 S. Federal Hwy Unit 362
Florida street address (P.O. Box **NOT** acceptable)
Fort Lauderdale Florida 33316
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..

Joe L. Thomas
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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Joe L. Thomas Jr
1126 S. Federal Hwy Unit # 362
Fort Lauderdale Florida 33316

AMBR

Guadalupe Flores
1126 S. Federal Hwy Unit #362
Fort Lauderdale Florida 33316

MGR

Joe Thomas
1126 S. Federal Hwy Unit #362
Fort Lauderdale Florida 33316

MGR

Jodeci Thomas
1126 S. Federal Hwy Unit # 362
Fort Lauderdale Florida 33316

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/2/2020 (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:

Joe L. Thomas

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.

Joe L. Thomas

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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.

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