Division of Corporations

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(((H200000699303)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

**Enter the email address for this business entity to be used for figure annual report mailings. Enter only one email address please.

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Rmail	Address:	r TT

FLORIDA LIMITED LIABILITY CO.

Zulu Logistix LLC

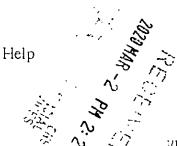
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Corporate Filing Menu



To: 18506176381 From: 12147128131 Date: 03/02/20 Time: 10:33 AM Page: 02/03

			(((H200	0006993	30 3)))
ARTICLESOF	ORGANIZATION FOR I	LORIDA LIMITED LIABILITY COMPAN		-74 1 <u>753</u>	*
ARTICLE I - Name: The name of the Limited Liability	Company is:	P	! -	÷	
•			•3	•	
Zulu Logistix LLC					
	in the words "Limited I	iability Company, "L.L.C.," or "LLC.")		_	
ARTICLE II - Address: The mailing address and street ac	dress of the principal of	ffice of the Limited Liability Company is	s:		
Princips	d Office Address:	Mailing A	ddress:		
355 SW Nightshade I	Or.	355 SW Nightshade Dr.			
Lake City, FL 32024		Lake City, FL 32024		- -	
				_	
	cannot serve as its own	& Registered Agent's Signature: Registered Agent. You must designate a n.)	n individual or		
The name and the Florida street a	ddress of the registered	agent are:			
	LEGALING CORPO	RATE SERVICES INC.			
		Name	_		
	5237 SHMMERLIN	COMMONS BLVD, SUITE 400			
		s (P.O. Box NOT acceptable)	-		
	FORT MYERS	FL 33907			
	City	State Zip	_		
lace designated in this certificate, orther agree to comply with the pr	I hereby accept the appo ovisions of all statutes re ligations of my position of	ce of process for the above stated limited opiniment as registered agent and agree to plating to the proper and complete perform as registered agent as provided for in Charles (REQUIRED) (CONTINUED)	act in this capacity nance of my duties,	2020 M.	
			m	2	

(((H20000069930 3)))

To: 18506176381 From: 12147128131 Date: 03/02/20 Time: 10:33 AM Page: 03/03

ARTICLE IV-

(((H20000069930 3)))

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Douglas Jason Parker
AMBK	Douglas Jason Parker 355 SW Nightshade Dr. Lake City, EL 23024
	Lake City, FL 32024
	
	
EV: Effective date, if other than the ective date is listed, the date must b	date of filing:
EV: Effective date, if other than the ective date is listed, the date must be of filing.) the date inserted in this block does a ment's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 denot meet the applicable statutory filing requirements, this date will not b
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