

L20000132912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L2001 -

Office Use Only



900341973699

04/22/20--01010--012 **80.00

03/18/20--01010--003 **25.00

*SEE difference
in my hand to be
corrected
what the firm*

*File to
Bank 1 on 4/22
sending back
L2001*

SECRETARY OF STATE
TALLAHASSEE, FL

2020 MAR -3 AM 11:07

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Lorenzo Logistics LLC
Name of Limited Liability Company

2020 MAY 20 PM 1:06

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

Please return all correspondence concerning this matter to the following:

Laurel Guerra
Name of Person

United Carrier Services
Firm/Company

12525 W. Oklawaha Rd
Address

Maitland Gardens, FL 33018
City/State and Zip Code

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

For further information concerning this matter, please call:

Laurel Guerra at 305 221-8099
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing 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)

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

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2020

GRETTEL GUERRA
UNITED CARRIER SERVICES
12525 W. OKEECHOBEE RD
HIALEAH GARDENS, FL 33018

SUBJECT: LORENZO LOGISTICS LLC
Ref. Number: W20000036304

We have received your document for LORENZO LOGISTICS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Per our conversion. I am enclosing the Articles of Organization.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan
Regulatory Specialist II

Letter Number: 620A00007632

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 MAR -3 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lorenzo Logistics LLC

(Must contain 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:

380 W Palmetto Park Rd
UNIT # 108C
BOLGA MATON, FL 33432

380 W Palmetto Park Rd
UNIT # 108C
BOLGA MATON, FL 33432

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:

Raol A. Lorenzo Cruz

Name

380 W Palmetto Park Rd

Florida street address (P.O. Box **NOT** acceptable)

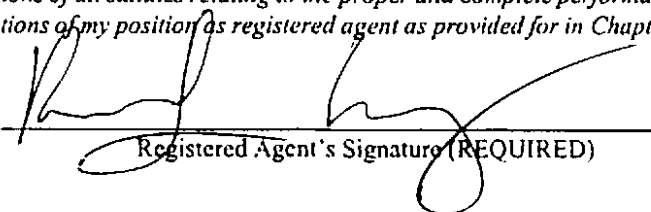
BOLGA MATON, FL 33432

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:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Raul A Lorenz Cruz
350 W Palm ME HO PARK DR # 108C
Boca Raton, FL 33432

5 billing address - 170 NE 2nd St
Unit 56, Boca Raton, FL 33429.

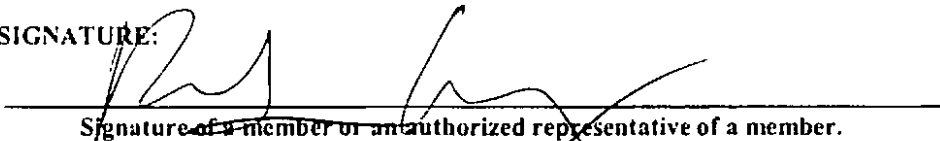
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3.13/2020 (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:



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.

RL
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)

2020 MAR -3 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FL

FILED