

L20000267570

9/5/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : GRAYBORN, P.A. - ORLANDO
Account Number : 020010000078
Phone : (407)843-1888
Fax Number : (407)244-5690

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

Email Address: melco@melco.com

FLORIDA LIMITED LIABILITY CO.
Melco Global Logistics LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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2020 SEP -4 PM 4:11

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Sep. 3. 2020 2:35PM

No. 2426 P. 2

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Melco Global Logistics LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Peter A. Quinter, Esq.

Name of Person

GrayRobinson, P.A.

Firm/Company

225 NE Mizner Blvd., Suite 500

Address

Boca Raton, Florida 33432

City/State and Zip Code

wildspa@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitchell B. Kirschner

561

368-3808

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Melco Global 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:

8613 NW 1st Street

8613 NW 1st Street

Coral Springs, FL 33071

Coral Springs, FL 33071

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:

Melvyn Cohen

Name

8613 NW 1st Street

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

Coral Springs

Florida

33071

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..

Melvyn Cohen

Registered Agent's Signature (REQUIRED)

Melvyn Cohen

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Title:

"MGR" = Малагор

AMBR

Name and Address:

Melynn Cohen

8613 NW 1st Street

Coral Springs, FL 33071

VP of Customs Brokerage

Paul M. Volzhi

8613 NW 1st Street

Coral Springs, FL 33071

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

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.

ARTICLE VI: Other provisions, if any.
This company may engage to transact business as a custom house broker and freight forwarder, and in any activity permitted under the laws of the United States of America and the State of Florida.

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 § 817.155, F.S.

Melvyn Cohen

Typed or printed name of signer

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)