

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 : LAZARUS CORPORATE FILING SERVICE, INC.
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**FLORIDA LIMITED LIABILITY CO.
PELUSA LOGISTIC LLC**

Certificate of Status	1
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CORPORATIONS
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[Signature]

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I – NAME****THE NAME OF THE LIMITED LIABILITY COMPANY IS:*****PELUSA LOGISTIC LLC***

(Must end with 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****250 NE 115TH ST
MIAMI, FL. 33161****250 NE 115TH ST
MIAMI, FL. 33161****ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE:**

(The Limited Liability Company cannot serve as it own Registered Agent. You must designate and Individual or another business entity with an active Florida registration)

The name and the Florida street address of the registered agent are:**OMAR TEJEDA****Name****250 NE 115TH ST****Florida street address (P.O. Box NOT acceptable)****MIAMI, FL. 33161****City, State, and 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 provision 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 608, F.S.

X
Registered Agent's Signature (Required)FILED
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2021

ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as Follows:

Title: Name and Address:
"MGR" = Manager
"MGRM" = Managing Member

MGRM OMAR TEJEDA
250 NE 115TH ST
MIAMI, FL. 33161

(Use attachment if necessary)

ARTICLE V: EFFECTIVE DATE, IF OTHER THAN THE DATE OF FILING:
03/15/2021, (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.)

REQUIRED SIGNATURE:

X 

SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER.

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

OMAR TEJEDA

Typed or printed name of signer

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STATE
FLORIDA