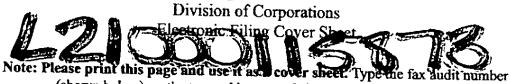
Florida Department of State



(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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Email Address:

FLORIDA LIMITED LIABILITY CO. PELUSA LOGISTIC LLC

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

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Corporate Filing Menu

Help

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

250 NE 115TH ST MIAMI, FL. 33161

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 115^{TR} 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 certificated, I herebyaccept the appointment as registered agent and agree to act in this capacity. I furtheragree to comply with the provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (Requiered)

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 FILLING: 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 FILLING.)

REQUIRED SIGNATURE:

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

(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 berein at true.)

OMAR TEJEDA

Typed or printed name of signer

PILED
2021 MAR 19 PM 1: 14
2021 MAR 19 PM 1: 14