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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : PEDRO LUZQUINOS Account Number : 120170000042 Phone : (954)655-8413 Fax Number : (954)432-8807

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

ESSAIL Address: PLV TQUINOSF@ HOTNAIL.COM

FLORIDA LIMITED LIABILITY CO. LJR LOGISTICS LLC

Certificate of Status	0
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3/12/21

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COVER LETTER

	lew Filing Section Division of Corporations		
SUBJECT	LIR LOGISTICS LLC		
o o o o o o o o o o o o o o o o o o o		e of Limited Liability Company	_
The enclose	sed Articles of Organization and	fee(s) are submitted for filing.	
Please rett	ım all correspondence concernin	y this matter to the following:	
	ROJAS, LUIS J		
		Name of Person	
		Firm/Company	
	551 NW 82ND AVE #513	· ,	
		Address	AG N
	MIAMI, FL 33126		
	LJR135@GMAIL.COM	City/State and Zip Code	- J.
	E-mail address: (to	be used for future annual report notification)	
For further i	information concerning this matte	er, please call:	5
	PEDRO LUZQUINOS	954 655-8413	·v
	Name of Person	Area Code Daytime Telephone Number	
Enclosed i	s a check for the following amou	nı:	
\$125.00 F	_	ce & \$155.00 Filing Fee & \$160.00 Certified Copy (additional copy is enclosed) Certified	Filing Fee, ue of Status & Copy copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section	
	Division of Corporations	Division of Corporations	

H210002588013

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, PL 32314

1 >> 850-617-6381 H2100025880/3

ARDCLESOF	ORGANIZATION FOR	FLORIDA LIMITED	LABILITY COMPANY	
ARTICLE 1 - Name: The name of the Limited Liability	Company is:			
LJR LOGISTICS I.L.	<u> </u>			
(Must conta	in the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	ffice of the Limited	Liability Company is:	
Principa	l Office Address:		Mailing Addres	<u>18</u> :
551 NW 82ND AVE MIAMI, FL 33126	#513		NW 82ND AVE #513 MI, FL 33126	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ar- The name and the Florida street a	cannot serve as its own ctive Florida registration	Registered Agent, 'on.')		vidual or
	681 NRW 03NN AND	•		
	551 NW 82ND AVE Florida street addres		cceptable)	
	MIAMI	FL	33126	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the proam familiar with and accept the obj	I hereby accept the apportisions of all statutes r ligations of my position	ointment as registere elating to the proper	ed agent and agree to act in and complete performance as provided for in Chapter 6	this capacity. I of my duties, and I

H210002588013

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	ROJAS, LUIS J
	551 NW 82ND AVE #513
	MIAMI, FL 33126
······································	
	_
(Use attachment if necessary)	
EV: Effective date, if other than the datective date is listed, the date must be spot filling.)	e of filing:
EV: Effective date, if other than the date ective date is listed, the date must be spot filling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed to of State's records.
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 days aft meet the applicable statutory filing requirements, this date will not be listed
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be listed to of State's records.
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed to of State's records.

Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)