

L2100039 2180

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



L2100039 2180

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2021

FELIX ALEXANDER DIGGS
1525-3 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303

SUBJECT: DIGGSTOWN EXPEDITORS, LLC
Ref. Number: W21000120488

2021 SEP -3 PM 3:29
TALLAHASSEE, FLORIDA

We have received your document for DIGGSTOWN EXPEDITORS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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 III

Letter Number: 521A00021391

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2021 SEP -3 PM 1:36

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SEP 03 2021

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DIGGSTOWN EXPEDITORS, 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:

1525-3 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303

Mailing Address:

1520 Pullen Rd. #1
Tallahassee, FL 32303

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:

FELIX A. DIGGS

Name

1520 PULLEN RD #1

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

TALLAHASSEE, FL 32303

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.

Felix A. Diggs

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 SEP -3 PM 3:25
TALLAHASSEE, FL

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

OWNER/MANAGER

FELIX A. DIGGS
1520 PULLEN RD. #1
TALLAHASSEE, FL 32303

AUTHORIZED MEMBER

CAROLYN B. DIGGS
1520 PULLEN RD. #1
TALLAHASSEE, FL 32303

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: SEPTEMBER 2, 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.)

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:

Felix A. Diggs

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.

FELIX A. DIGGS

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)

SEP 3 PM 3:25
FILE