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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusitiess Littly Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				

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COVER LETTER

TO: New Filing Section Division of Corp				
SUBJECT: Unite	Name of Limit	ed Liability Company		
The enclosed Articles of C	Organization and fee(s) are s	ubmitted for filing.		
Please return all correspor	adence concerning this matte	er to the following:		
moha	6 Alsoufi	Name of Person		
		F: 16		
		Firm/Company		
25 SE	4th terrace	Address		
Dania	beach Fl. in 1@united logi	33004 v/State and Zip Code	<u> </u>	
adm edm	in 1@united 1991 -mail address: (to be used for	Sticgroup. Com or future annual report notificati	on)	
For further information cou	ncerning this matter, please o	eall:		
<u>mohab</u>	Alsoufi at (70	86 <u>425 730</u>	e Number	
Enclosed is a check for the	_			
□\$125.00 Fiting 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)	
	ig Address	Street Address New Filing Section D	ivision	
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallah 2415 N. Monroe Stre	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
United Logistic grp (Must contain the words Limited Liability Con	npany, "L.I.,C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:
16105 Dixie Highway	25 SE 4th terrice
Hollywood . Fl. 33020	Dania beach Fl 33004
ARTICLE III - Registered Agent, Registered Office, & Registere (The Limited Liability Company cannot serve as its own Registered Fanother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	
Mohab Alsout	
Name 25 SE 4th terrue Florida street address (P.O. Box)	NOT acceptable)
Oania beach El	3300 4 Zip
laving been named as registered agent and to accept service of process lace designated in this certificate. I hereby accept the appointment as rather agree to comply with the provisions of all statutes relating to the m familiar with and accept the obligations of my position as registered	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I

(CONTINUED)

. . . .

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Fiorida 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.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)