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(Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	
(Cı	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	_
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Glam Logistics LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ya Deceia Denmark Name of Person
Glam Logistics Firm/Company
106 Sunflower Rd Address
Tallahassee Fl 32305 City/State and Zip Code Glam 109istics @ Yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee. Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee. Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
(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: Mailing Address:		
Tallahassee Fl 32305 Tallahassee El 32305		
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:		
Ya Deceia Denmark		
10 6 Sun-flower Pd Florida street address (P.O. Box NOT acceptable)		
Tallahassee Fl 32305		

Flaving 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..

(CONTINUED)

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<u>Title:</u> "AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager Manager	Va Deceia Denmark
f an effective date is listed, the date muse date of filing.)	the date of filing: 12-1-2021 (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 days after loes not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
ل Signatur This document I am aware that	re of a member or an authorized representative of a member. This executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.
<u>Ya</u>	Deceia Denmark 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)