

L22000011800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

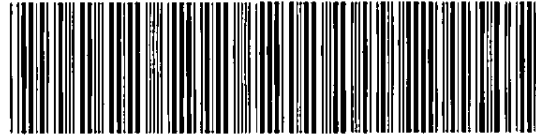
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
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2022 JAN 11 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC.  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

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**PLEASE USE FUNDS FROM ACCT : 120210000160 AMOUNT : : \$125.00**

**Authorized Signature:** *James R. Gull*

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UMBRUELLA LOGISTIC BROKER LLC

**Business Name**

**Document Number**

**Certified copy of original articles and any amendments**

Pick up time

**Certificate of Status**

Will wait

**NEW FILINGS**

Profit  
 Not for Profit  
 Limited Liability  
  
 Domestication  
 CONVERSION  
 CORP

**AMMENDMENTS**

Amendment  
 Resignation of R. A.  
Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Merger  
 **Correction**

**OTHER FILINGS**

Annual Report  
  
 Fictitious Name  
  
 APOSTIL (

**REGISTRATION/QUALIFICATIONS**

Foreign filing  
 Limited Partnership  
 Reinstatement  
 **Declaration**

\_\_\_\_\_ **Country**

Other

**EXAMINER'S INITIALS:** \_\_\_\_\_



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UMBRUELLA LOGISTIC BROKER 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:

Mailing Address:

848 BRICKELL AVE  
STE 1130  
MIAMI, FL, 33131

848 BRICKELL AVE  
STE 1130  
MIAMI, FL, 33131

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:

BLUEMAX PARTNERS CORP  
Name

848 BRICKELL AVE STE 1130  
Florida street address (P.O. Box **NOT** acceptable)

MIAMI                      FL                      33131  
City                              State                              Zip

2022 JAN 11 PM 4:44  
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**FILED**

*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.*

*mEdell'oca*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

*Group*  
MIA BIZ ~~GROUP~~ LLC  
848 BRICKELL AVE STE 1130  
MIAMI, FL, 33131

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

*mE DelLoCa*

\_\_\_\_\_  
**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.

MARTIN E DELLOCA

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)