

L220000011891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

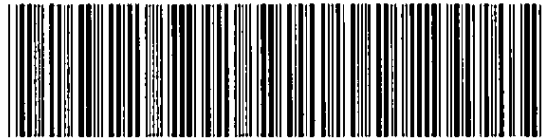
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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FILED

2022 JAN 11 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 JAN 10 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PLEASE USE FUNDS FROM ACCT : I20210000160 AMOUNT : : \$125.00

Authorized Signature:

James R. Galt

AXO LOGISTICS 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

X ☒ 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 (

Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Declaration

☐ Other

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2022

FLORIDA CAPITAL COURIER

SUBJECT: AXO LOGISTICS LLC
Ref. Number: W22000003304

RECEIVED
2022 JAN 11 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Typo in the name of the Manager.

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: 622A00000769

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AXO LOGISTICS LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

60 SW 13TH ST

APT 4006

MIAMI, FL, 33130

Mailing Address:

60 SW 13TH ST

APT 4006

MIAMI, FL, 33130

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

60 SW 13 TH ST APT 4006

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

MIAMI

FL

33130

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..

mCull'Occ

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
60 SW 13 TH ST APT 4006
MIAMI, FL, 33130

SECRETARY OF STATE
TALLAHASSEE, FL

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(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:

Martin E 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)