Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000061596 3)))



H220000615963ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

0;	•	¥	r
Division of Corporations	3-		r
Fax Number : (850)617-6381	-		~
	4. :	•	Γ
rom:	::	•	
Account Name : EXPRESS CORPORATE FILING SERVICE INC.			-
Account Number : I20000000146			
Phone : (305)444-4994	_	•	
Fax Number : (305)328-4774		•	
, ,	~		ث

FLORIDA LIMITED LIABILITY CO. DISPATCH US LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

T. SCOTT FEB 2 2 2022

Electronic Filing Menu

Corporate Filing Menu

Help

February 16, 2022

FLORIDA DEPARTMENT OF STATE

EXPRESS CORPORATE FILING SERVICE INC

SUBJECT: DISPATCH USA LLC

REF: W22000019250

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unlabs atthe dissolved/revoked entities of entity of the provides the no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L21000010527.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon FAX Aud. #: H22000061596

Regulatory Specialist II Supervisor Letter Number: 622A00003883

New Filing Section

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

	0.000.00.000.000.000	(IIIOIMDALIA)	HITZ EARDIZI I COMI ANI	
ARTICLE I - Name: The name of the Limited Liability	y Company is:			
DISPATCH US LLC				
(Must conta	in the words "Limited	Liability Com	pany, "L.I.,C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Li	mited Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Add	iress:
1835 E. HALLANDA # 885 HALLANDALE BEA			1835 E. HALLANDALE B # 885 HALLANDALE BEACH, F	
ARTICLE III - Registered Age (The Limited Liability Company) another business entity with an ar	cannot serve as its own	n Registered A	l Agent's Signature: gent. You must designate an is	ndividual or
The name and the Florida street a	ddress of the registere	d agent are:		
	ALAND V. ALICE.	A		
		Name		
	1835 E. HALLAND Florida street addres			
	HALLANDALE BE	ACH FL	33009	
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 FES 21 - 111

itle: AMBR" = Authorized Member MGR" = Manager	Name and Address:
AMBR	ALAND V. ALICEA 1835 E. HALLANDALE BRACH BLVD. # 885 HALLANDALE BEACH, FL 33009
AMBR	ABEL HUGO QUEVEDO 1835 E, HALLANDALE BEACH BLVD. # 885 HALLANDALE BEACH, FL 33009
Jse attachment if necessary)	
ctive date is listed, the date must filing.) he date inserted in this block document's effective date on the Depar	the date of filing:
V: Effective date, if other than the tive date is listed, the date must filing.) he date inserted in this block doe ent's effective date on the Depar	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will no
V: Effective date, if other than the tive date is listed, the date must filing.) he date inserted in this block does ent's effective date on the Depar VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the tive date is listed, the date must filling.) The date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any. Signature of This document is I am aware that an	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the tive date is listed, the date must filling.) The date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any. Signature of This document is I am aware that an	s not meet the applicable statutory filing requirements, this date will no firment of State's records. A member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.