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| (F | Requestor's Name) | |
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| (4 | Address) | |
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| (0 | City/State/Zip/Phone #) | |
| PICK-UP | MAIT | MAIL |
| (8 | Business Entity Name) | |
| | | |
| 1) | Document Number) | |
| Certified Copies | Certificates of \$ | Status |
| Special Instructions to I | Filing Officer: | |
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COVER LETTER

| | New Filing Sec Division of Cor | | | |
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| SUBJEC | | ONLOGISTICS, LLC | | |
| SUBJEC | ,I: | Name of Lim | ited Liability Company | |
| The encl | osed Articles of | Organization and fee(s) are | submitted for filing. | |
| Please re | turn all correspo | ondence concerning this mat | ter to the following: | |
| | FARHEEM | HOUSTON | | |
| | | | Name of Person | |
| | F-HOUSTO | NLOGISTICS, LLC | | |
| | | | Firm/Company | |
| | 6692 REDF | IELD STREET | | |
| | | · · · · · · · · · · · · · · · · · · · | Address | |
| | NAVARRE | , FLORIDA 32566 | | |
| | | | ty/State and Zip Code | |
| | | YAHOO.COM | for future annual report notificat | ion) |
| | | | | 1011) |
| For furthe | r information co | ncerning this matter, please | call: | |
| | | at (|) | |
| | Nam | | ea Code Daytime Telephor | ne Number |
| | | | | |
| Enclosed | d is a check for t | he following amount: | | |
| □ \$ 125. | 00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | ☐S155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | <u>Mailir</u> | ng Address | Street Address | |
| | | iling Section | New Filing Section D The Centre of Tallah | |
| | | on of Corporations Box 6327 | 2415 N. Monroe Stre | |
| | | assee, FL 32314 | Tallahassec, FL 3230 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | LOGISTICS, LLC | 1 (-1 (1) C 41 | I C " = "I I C ") | |
|---|--|---|--|---|
| (Mu | st contain the words "Limited | Liability Company, L. | L.C., or LLC. } | |
| ARTICLE II - Address: The mailing address and s | street address of the principal of | office of the Limited Lia | ability Company is: | |
| <u>P</u> | rincipal Office Address: | | Mailing Addres | <u>s</u> : |
| 6692 REDFIE | LD STREET | 6692 RJ | EDFIELD STREET | |
| | FLORIDA 32566 | NAVAI | RRE, FLORIDA 32566 | |
| | | | | |
| · | ith an active Florida registration | | | |
| · | street address of the registered MONICA HOUSTO | d agent are: | | 9050; |
| · | street address of the registere | d agent are: | | 9099 : |
| · | street address of the registere | d agent are: ON Name | | 99999 |
| · | MONICA HOUSTO | d agent are: ON Name | ptable) | 1.91 Combbe |
| · | MONICA HOUSTO | d agent are: ON Name TREET | ptable) 32566 | |
| · | MONICA HOUSTO 6692 REDFIELD ST Florida street address | d agent are: ON Name TREET ss (P.O. Box NOT acce | | ن : د |
| The name and the Florida | MONICA HOUSTO 6692 REDFIELD ST Florida street address NAVARRE City | d agent are: ON Name FREET SS (P.O. Box NOT acce) FLORIDA State | 32566 Zip | .: .: |
| The name and the Florida | MONICA HOUSTO 6692 REDFIELD S' Florida street address NAVARRE City (stered agent and to accept serv | d agent are: ON Name TREET SS (P.O. Box NOT acce) FLORIDA State vice of process for the ab | 32566 Zip ove stated limited liabilit | → → → y company at th |
| The name and the Florida laving been named as regi- lace designated in this cert | MONICA HOUSTO 6692 REDFIELD S' Florida street address NAVARRE City Stered agent and to accept servitificate, I hereby accept the app | d agent are: ON Name TREET SS (P.O. Box NOT acce) FLORIDA State vice of process for the ab- pointment as registered a | 32566 Zip ove stated limited liability tigent and agree to act in | y company at this capacity. I |
| The name and the Florida laving been named as regi- lace designated in this cert wither agree to comply with | MONICA HOUSTO 6692 REDFIELD S' Florida street address NAVARRE City stered agent and to accept serve tificate, I hereby accept the apple the provisions of all statutes resistance. | d agent are: ON Name TREET ss (P.O. Box NOT accept of process for the about ment as registered are relating to the proper and | 32566 Zip ove stated limited liability agent and agree to act in d complete performance | y company at th this capacity. I of my duties, an |
| The name and the Florida laving been named as regi- lace designated in this cert wither agree to comply with | MONICA HOUSTO 6692 REDFIELD S' Florida street address NAVARRE City Stered agent and to accept servitificate, I hereby accept the app | d agent are: ON Name TREET ss (P.O. Box NOT accept of process for the about ment as registered are relating to the proper and | 32566 Zip ove stated limited liability agent and agree to act in d complete performance | y company at th this capacity. I of my duties, an |
| The name and the Florida I aving been named as regi- lace designated in this cert arther agree to comply with | MONICA HOUSTO 6692 REDFIELD ST Florida street address NAVARRE City istered agent and to accept servitificate, I hereby accept the application of my position the obligations of my position | d agent are: ON Name TREET ss (P.O. Box NOT accept of process for the about ment as registered are relating to the proper and | 32566 Zip ove stated limited liabilit agent and agree to act in d complete performance provided for in Chapter 6 | y company at this capacity. If |

(CONTINUED)

ARTICLE IV-

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

| "AMBR" = Authorized Memb | or and a second |
|--|---|
| 'MGR" = Manager | ici |
| MOR - Manager | |
| MGR | FARHEEM HOUSTON |
| | 6692 REDFIELD STREET NAVARRE. FLORIDA 32566 |
| | NAVARRE, PLORIDA 32300 |
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| EV: Effective date, if other the | an the date of filing: MARCH 16, 2022 . (OPTIONAL) nust be specific and cannot be more than five business days prior to or 9 |
| EV: Effective date, if other the ctive date is listed, the date if filing.) the date inserted in this block | nust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will no |
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| ective date is listed, the date rof filing.) the date inserted in this block ment's effective date on the DE VI: Other provisions, if any. RATE A TRUCKING COMPOSTATES. REQUIRED SIGNATURE: Signature This documer I am aware the | nust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will not epartment of State's records. ANY UNDER THE LAWS OF THE STATE OF FLORIDA AND THE |
| CV: Effective date, if other the ctive date is listed, the date in filing.) The date inserted in this block dent's effective date on the Discourse of the date of the date on the Discourse of the date of the d | does not meet the applicable statutory filing requirements, this date will not epartment of State's records. ANY UNDER THE LAWS OF THE STATE OF FLORIDA AND THE are of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State |

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

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)