

L22000112161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

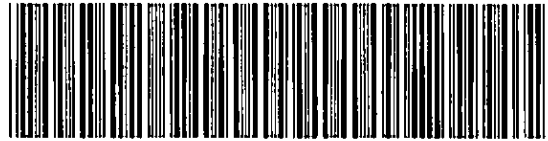
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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11/15/21--01023--018 \*\*125.00

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2022 MAR 18 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W21'275  
150

T. BURCH  
MAR 18 2022

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: FSH 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:

**Natasha Fuller**

Name of Person

**FSH Logistics LLC**

Firm/Company

**P O Box 210784**

Address

**Royal Palm Beach FL 33421**

City/State and Zip Code

**natashafuller74@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Natasha Fuller** at **(561)** **4681694**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 19, 2021

NATASHA FULLER  
PO BOX 210784  
ROYAL PALM BEACH, FL 33421

SUBJECT: FSH LOGISTICS LLC  
Ref. Number: W21000150275

We have received your document for FSH LOGISTICS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tim Burch  
Senior Section Administrator

Letter Number: 221A00028158

RECEIVED  
2021 DEC -3 AM 11:11  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 3, 2021

NATASHA FULLER  
PO BOX 210784  
ROYAL PALM BEACH, FL 33421

SUBJECT: FSH LOGISTICS LLC  
Ref. Number: W21000150275

We have received your document for FSH LOGISTICS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tim Burch  
Senior Section Administrator

Letter Number: 821A00029097



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 25, 2022

NATASHA FULLER  
PO BOX 210784  
ROYAL PALM BEACH, FL 33421

SUBJECT: FSH LOGISTICS LLC  
Ref. Number: W21000150275

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

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tim Burch  
Senior Section Administrator

Letter Number: 822A00004673

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2022 MAR 10 PM 2:40  
DIVISION OF CORPORATIONS  
COMMERCIAL  
CLERK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**FSH Logistics 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:

**7901 4th St N STE 300**

**St. Petersburg, FL 33702**

Mailing Address:

**P O Box 210784**

**Royal Palm Beach Florida 33421**

**P O Box 210784 , Royal Palm Beach, Florida 33421**

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TALLAHASSEE, FLORIDA

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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:

**Registered Agents Inc.**

Name

**7901 4th St N STE 300**

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

**St. Petersburg**

**FL**

**33702**

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..*

*Bill Hume*

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:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Manager

Member

Member

Natasha Fuller

1785 N JOG RD APT 106  
WEST PALM BEACH FL 33411

Natasha Fuller

1785 N JOG RD APT 106  
WEST PALM BEACH FL 33411

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

(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:**



**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.

**Natasha Fuller**

\_\_\_\_\_  
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)