

L220000130209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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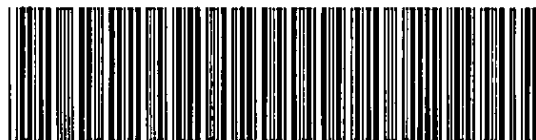
(Business Entity Name)

(Document Number)

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

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03/11/22--01013--013 \*\*130.00

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MAR 11 AM 11:45  
CLERK OF COURT  
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*\*Check enclosed\**

3/5/2022

Application for new LLC filing:

Emerson Noujaim

225 Evernia Street

#823

West Palm Beach, FL 33401

Daytime phone: 908-565-1687

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OFFICE OF THE CLERK

STATE OF FLORIDA

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Logistics EN Finance  
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:

Emerson Noujaim

Name of Person

Firm/Company

255 Evernia Street #823 West Palm

Address

West Palm Beach, FL 33401

City/State and Zip Code

enoujaim@hotmail.com

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

For further information concerning this matter, please call:

Emerson Noujaim at 908 565-1687

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

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**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:**

Emerson Novjaim

255 EVERNIA STREET #523

INVERMOUNT PARK FL 33401

(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:**

Emerson Novjaim  
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.

Emerson Novjaim

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)

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DEPARTMENT OF STATE  
FLORIDA