122000 30209

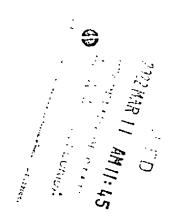
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	

Office Use Only



300383255583

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



&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

COVER LETTER

. . .

TO: New Filing Section Division of Corporations	
SUBJECT: LOgistics EN Finance Name of Limited Liability Company	
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 Noviaim Name of Person	
Name of Person	
Firm/Company	
255 Evernia Street #823 West Paga	
Address	
Wist Palm Beach, FL 33401 City/State and Zip Code	
enoujaim@hot-mail.com	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
	:
Emerson Novicion at 908 505 - 1687 Name of Person Area Code Daytime Telephone Number	.
Name of Person Area Code Daytime Telephone Number 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_
Emerson Novicim at 908 505 - 1087 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:	
□\$125.00 Filing Fee	
Mailing Address Street Address No. 1711 Co. 17	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	l - Name:	
TI.	CO. 11 . 14 . 1 1 1 1 111.	~

The name of the Limited Liability Company is:

Log ISi i CS EN Finance, 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:

Mailing Address:

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:

Emerson Noujain

255 EVC(nia 5x1 ut + 823 Florida street address (P.O. Box NOT acceptable)

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)

ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Emerson Novigim
	Emerson Novjain
	INIST Palm Bruch FL 33401
effective date is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the date effective date is listed, the date must be steen of filing.) If the date inserted in this block does not current's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days timeet the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.) If the date inserted in this block does not cument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days timeet the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.) If the date inserted in this block does not current's effective date on the Department of the Departmen	specific and cannot be more than five business days prior to or 90 days timeet the applicable statutory filing requirements, this date will not be lint of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.) If the date inserted in this block does not current's effective date on the Department of the Departmen	specific and cannot be more than five business days prior to or 90 days timeet the applicable statutory filing requirements, this date will not be lint of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.) If the date inserted in this block does not occument's effective date on the Department occurrence of the Department of the Department of the Department occurrence occu	meet the applicable statutory filing requirements, this date will not be lint of State's records. **The Company of the Compan
CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.) If the date inserted in this block does not occument's effective date on the Department occurrence of the Department of the Department of the Department occurrence occu	member or an authorized representative of a member. suited in accordance with section 605.0203 (1) (b), Florida Statutes. less 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)