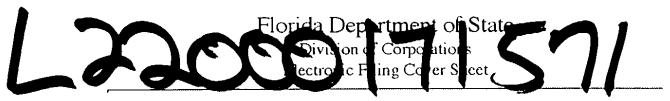
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Division of Corporations



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.

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

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 : (844)386-0178 : (214)317-4754 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	

FLORIDA LIMITED LIABILITY CO. ROODYALNA LOGISTICS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

ROODYALNA 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:

Mailing Address:
8013 NW 5TH CT, APT. A
MIAMI, FL 33150

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:

LEGALINC CORPORATE SERVICES INC.

Name

5237 Summerlin Commons Blvd, Ste 400

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

 Fort Myers
 FL
 33907

 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)

To: 18506176381 From: 12147128131 Date: 04/22/22 Time: 10:27 PM Page: 03/03

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

"MGR" = Manager AMBR ROODY TOUSSAINT 8013 NW 5TH CT. APT. A MIAMI, FL 33150 (Use attachment if necessary) (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 a be 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 the document's effective date on the Department of State's records.	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) (Use attachment if necessary) (In an effective date, if other than the date of filing:	AMBR	8013 NW 5TH CT. APT. A
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:		MIAMI, Ft. 33130
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the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, ifany.	date of filing.)	
		
REQUIRED SIGNATURE:	REQUIRED SIGNATURE:	
	Ø.	

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.

ROODY TOUSSAINT

Roody Toussaint

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)