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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Willes And Disparching 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:
Dean Abney
Name of Person
Universal Logistics and Dispatching
271 St. Bayis DR 20
Pensacola, Florida 32505
City/State and Zip Code Churchly CiCloud Cam
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 418-9145 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
M\$125.00 Filing Fee \(\text{Certificate of Status} \) Certificate of Status \(\text{Certified Copy} \) (additional copy is enclosed) \[\text{Certified Copy} \] (additional copy is enclosed)
Mailing Address New Filing Section New Filing Section Division The Control of Tellshoung

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Must contain the words "Estitics and Dispatching LLC."

(Must contain the words "Estitited Etability Company, "L.L.C.," or "ELC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

7726 WillOuld Rd 2N Floor
Original Floor 3 1809

7726 Wincord Rd 2nd Aber

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:

Name

221 St. Regis Dr

Florida street address (P.O. Box <u>NOT</u> acceptabl<u>e</u>

Vensciol

LM GG

32505

City

State

7in

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 (REOUIRED

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGRA = Namager	Den Abney 1376 Linecard ra 704 floor #1060
(Use attachment if necessary)	
TICLE V: Effective date, if other than the date	of filing:
date of filing.) ste: If the date inserted in this block does not t	
date of filing.)	meet the applicable statutory filing requirements, this date will not be listed a of State's records.
date of filing.) ote: If the date inserted in this block does not reduce document's effective date on the Department	

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)