

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet
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To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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RECEIVED
 DIVISION OF CORPORATIONS
 2021 MAY 13 AM 10:24
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RECEIVED
 2022 MAY 13 PM 4:47
 CORPORATIONS
 COMMERCIAL
 SERVICES

**FLORIDA LIMITED LIABILITY CO.
 NS PRO LOGISTICS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NS PRO LOGISTICS LLC

ARTICLE II - Address:

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

100 SW 58 CT MIAMI, FL, 33144

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

NESTOR SIVERIO

100 SW 58 CT MIAMI, FL, 33144

ARTICLE IV

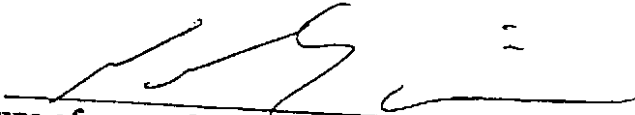
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

NESTOR SIVERIO (AMBR)

2021 MAY 13 AM 10:24
STATE OF FLORIDA
DEPARTMENT OF REVENUE

FILED

Required Signatures:



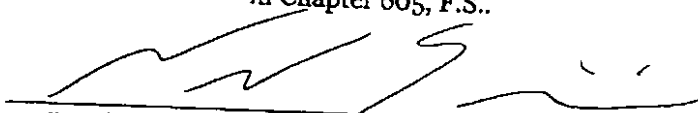
Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

NESTOR SIVERIO

Typed or printed name of signee

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)

STATE OF FLORIDA
DEPARTMENT OF STATE

2021 MAY 13 AM 10:24

FILED