

L22000247317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

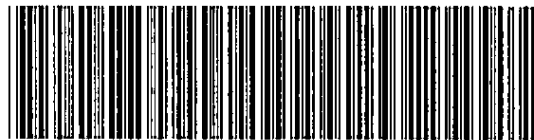
(Business Entity Name)

(Document Number)

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

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2022 MAY -9 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. O'KEEFE

JUN -7 2022

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Race-Shop Shipping LLC  
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:

Jan Kretz

Name of Person

Race-Shop Shipping LLC

Firm/Company

C/O Get Logistics, 4321 NE 12th Terrace, Oakland Park

Address

Oakland Park, Florida 33334

City/State and Zip Code

info@race-shop.com

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

For further information concerning this matter, please call:

Susanne Gatten

954

5361471

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 32311

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

**Name and Address:**

CEO

Jan Kretz  
C/o Get Logistics, 4321 NE 12th Terrace,  
Oakland Park, Florida 33334

Managing Director

Anna Drouge Kretz  
C/o Get Logistics, 4321 NE 12th Terrace,  
Oakland Park, Florida 33334

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

(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 the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will be treated as the document's effective date on the Department of State's records.

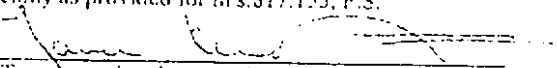
ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

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.



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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RECEIVED  
DEPT. OF STATE  
TALLAHASSEE FL 09103

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