## L22000328073

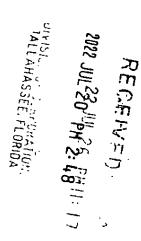
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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400391343134

S. CHATHAM





## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2022

LARRY WILLIAM REED JR. 290 HOLLY CIRCLE QUINCY, FL 32351 US

SUBJECT: 10N CIRCLE LOGISTICS LLC

Ref. Number: W22000095197

Divisi 1. 1822 JANATIONS

We have received your document for and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the registered agent is reversed. Please amend the document.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 322A00016233

## COVER LETTER

	ing Section i of Corporation	18				
SUBJECT:	100	Circle Name of Lim	ار م	stics		
		Name of Lim	ited Liabilu	y Company		
The enclosed Art	icles of Organiza	ution and fee(s) are	submitted	for tiling.		
Please return all	correspondence c	oncerning this ma	tter to the fo	ollowing:		
	Lari	y w Higgs	1322	J JR	···	
	•		Name of	Person		
			Firm/Cor	npany		
		780 1611	0 1/4	٥		
		290 Helly	Addre	ess		
		Quir	rcy, F	1 32352		
	સે ૧	diamy 91	ity/State and	Zip Code		
	E-mail ad	dress: (to be used	for future a	nnual report notificati	on)	
For further inform	ation concerning	this matter, please	call:			22
	Rued	at (_ <i>E</i>	350	) 815 02 e Tolephon	3	22 JUL .
	Name of Pers	son A	rea Code	Daytime Telephon	e Number	28
Enclosed is a che	cck for the follow	ring amount:				PMII: I
∰8125.00 Filin		0.00 Filing Fee & feate of Status	Certiti	5.00 Filing Fee & ed Copy al copy is enclosed)	Es160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	7
	Mailing Addre			Street Address New Filing Section Di	ivision	
		rporations		The Centre of Tallah:	issee	
Division of Corporations P.O. Box 6327			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, Fl. 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIS	THED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
1 on circle Lagr	STICS LLC
(Must contain the words "Limited Liability Con	ipany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:
290 Holly Circle	290 /f-111 Circle
Rency   F1 32357	GRINGT , FT 3235I
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	d Agent's Signature: Agent. You must designate an individual or

290 Holly Circle
Florida street address (P.O. Box NOT acceptable)

 Quincy
 KI
 32351

 City
 State
 Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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..

The name and address of each person authorized to manage and control the Limited Liability Company:  Title:  Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager  MGR  Lam 12 ced	_
MGA.  Learn Read  2 se Hong Circle  avincy F1 32352	•
	-
	- -
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing:	
ARTICLE VI: Other provisions, if any. FIN: 88-33/3855	
REQUIRED SIGNATURE:	
Signature of a member or an authorized representative of a member.	
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	22
Typed or printed name of signee	<u></u>

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)