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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 : LATIN AMERICAN TAXPRO

Account Number : I20220000106

Phone : (407)318-0823

Fax Number : (561)467-5851

****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.
STRATEGIC ROAD LOGISTIC LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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DIVISION OF STATE
CORPORATIONS
FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: STRATEGIC ROAD LOGISTIC 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:

RICARDO GONZALEZ

Name of Person

STRATEGIC ROAD LOGISTIC LLC

Firm/Company

2255 S KIRKMAN RD, APT O 279

Address

ORLANDO FLORIDA 32811

City/State and Zip Code

STRATEGIC.ROAD.LOGISTIC@GMAIL.COM

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

For further information concerning this matter, please call:

RICARDO GONZALEZ

786

858-0906

at ()

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 32314

Street Address

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STRATEGIC ROAD LOGISTIC 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:

Principal Office Address:2255 S KIRKMAN RD APTD 279
ORLANDO FLORIDA 32811**Mailing Address:**2255 S KIRKMAN RD APTD 279
ORLANDO FLORIDA 32811**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:

RICARDO GONZALEZ

Name

2255 S KIRKMAN RD APTD 279Florida street address (P.O. Box **NOT** acceptable)ORLANDO

City

FLORIDA

State

32811

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..

Ricardo Gonzalez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGR

RICARDO GONZALEZ
2255 S KIRKMAN RD APTD 279
ORLANDO FLORIDA 32811

MGR

MARIANGELA DIAZ
2255 S KIRKMAN RD APTD 279
ORLANDO FLORIDA 32811

(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 after the 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 as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Ricardo Gonzalez

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.

RICARDO GONZALEZ

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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ST. JOHN'S HOSPITAL
LAKEVILLE, FLORIDA

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