DMsion of Corporations

Piorita Department of State

Division of Corporations

Electronic Filing Cover State

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155 Phone : (305)226-8727 Fax Number : (305)226-8767

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

8:55 (1)

## FLORIDA LIMITED LIABILITY CO. AA LOGISTICS LLC

Certificate of Status	0		
Certified Copy	0		
Page Count	01		
Estimated Charge	\$125.00		

2022 SEP 16 AM 4: 36

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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: AAJ Transport Logistics
Name of Limited Liebility Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lucia Estrella
Name of Person
Licenses & Permits LLC Firm/Company
9300 West Flagter Street Suite 114
Miami, Florida 33144
acruz. accurate a gmail. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lucia Estrella et 805 2268737  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
### Certificate of Status
Mailing Address New Filing Section New Filing Section Division

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

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

## ARTICLES OF ORGANIZATION FOR FLORIDAL EMILED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
AAJ Transport Logistics
(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:  4011 St. 1 Office Address:
MIAMI P 33167 MIAMI PR 33165
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 coulty with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Leslie Lamelas Puerto
4911 SW 95 ave
Florida streat address (P.O. Box NOT acceptable)
MIAMI, FL 33165
City State Zip

Having been named as registered again and to accept service of process for the above stated limited limbility company at the place designated in this cartificate, I haveby accept the appointment as registered again and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper end complete performance of my duties, and I am familiar with and occept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agazi s Signature (REQUIRED)

(CONTINUED)

2022 SEP 16 AM 4: 36

ARTIC	CLE IV-			
I DE ME	me and address of each perso	n authorized to manage and conf	rol the Limbert Labor.	
"AMBI	R" = Authorized Member = Manager AHBL	Name and Addres	Lamelas	
		Mami	75 AVE 71 33/65	
ARTICI RV. Ec.	tument if necessary)	of filing:	(ohare	
Note: If the date in the document's effect	seried in this block does not n ctive data on the Department		five business days prior to	or 90 days after Il not be fisted as
ARTICLE VI: Other	provinces, if any.			
REOJARE	osignature:	Harry-		
	constitutes a third degree fi	ther or an authorized representation for an authorized representation for a decomposition as provided for in a 817.15 and a Lamela Cyped or printed name of signet	0203 (1) (b), Florida Statut; ent to the Department of Sta	us. Sto
		Em a		

Filing Fren:

\$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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9/9/2022 2:53:40 PM PAGE 1/001 Fax Server

September 9, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LICENSES & PERMITS LLC

SUBJECT: AA LOGISTICS LLC

REF: W22000114256

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheat.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

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KAIN COSTELLO
Regulatory Specialist II
New Filing Section

FAX Aud. #: H22000305295 Letter Number: 922A00020102

Parcino

AAJ Transport Logistics LLC

P.O BOX 6327 - Tallahassee, Florida 32314

22 SEP 16 AM 4: 36