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(1	Requestor's Name)	
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((	City/State/Zip/Phone #)	
PICK-UP	WAIT .	MAIL
(1	Business Entity Name)	
(1	Document Number)	
Certified Copies	Certificates of Sta	atus
Special Instructions to	Filing Officer:	

Office Use Only



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# **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: A Plus Everything horistics LLC Name of Limited Eightling Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Alexis Johnson Name of Person	
A Plus Everything Ligistics LLC	
2401 W. Pensacala Street Tallahusee, 76 3236	4
City/State and Zip Code  adeis 26 ac. Cov  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Alexo Jehnson, 850, 491-2878	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee U\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
Muiting Address Street Address	

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

A Plus Everything heaffics hac (Must contain the words "Limited Liability Company, "L.D..." or "LkC")

### ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
2401 W. Terressee Street	200 MiCall have
Suite D	Quincu 32352
Tallahusisee, IL 3234	

## 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:

Alexis Johnson

Florida street address (P.O. Box NOT acceptable)

Tallahasse IL 3230

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)

(CONTINUED)

# ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

See attachment if necessary)  V: Effective date, if other than the date of filing the date is listed, the date must be specific and cannot be more than five business days prior to or 96 filing.)  e date inserted in this block does not meet the applicable statutory filing requirements, this date will no ent's effective date on the Department of State's records.  VI: Other provisions, if any.	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
V: Effective date, if other than the date of filing 223_ (OPTIONAL) ive date is listed, the date must be specific and cannot be more than five business days prior to or 96 filing.)  e date inserted in this block does not meet the applicable statutory filing requirements, this date will no ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordage 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  Eiling Fees;  \$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Optional)	"MGR" = Manager	Alexis Johnson	
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