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TO: New Filing Sec Division of Cor			
SUBJECT: NOV+C	Maine of Lim	Hion & Logistics ited Liability Company	. Services, LLC
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	2022 :
Gab	orie18100Hon	dr	. ,
		Wame of Person	
			7:1 9: 38
		Firm/Company	. ය . ය ස
2740	Southwest	- 7th Street	
fort (gabe.	auderdale Ci noviona yaho E-mail address: (to be used t	Florida 3331 iy/State and Zip Code O. COM for future annual report notificat	ion)
For further information co	ncerning this matter, please	call:	
Garie	16. NOV+OOGy at (7) e of Person Are	86) 259 - 47 ca Code Daytime Telephon	64e Number
Enclosed is a check for t	he following amount:		
S125.00 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)
<u>Mailir</u>	eg Address	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Attn: Jessica Fason

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
7740 SOLHMURST 7th Street Fort Lauderdale, Florica 33312	2740 Southwest Tinstreet Fort La Uderdaie, Florida 33312

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:

Gabrielb. Norton Jy

Name

2740 Southwest 7th Stylet

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

FORT Landerdale FL 33312

City State 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 OFC - S. P. S. P.

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IRED SIGNATURE:	
(a). 11 /1910/icu)	1
Signature of a member or an a	uthorized representative of a member.
This document is executed in accorda	one with continu 605 0203 (1) (b) Elevida Statutoc
	nce with section 005,0205 (1) (1), I torius statutes.
I am aware that any false information s constitutes a third degree felony as pro	submitted in a document to the Department of State vided for in s.817.155, F.S.
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ARTICLE IV-