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TALLALASSEE



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the <u>Linuted</u> Liabili | y Company is: | | |
|---|---|---|--------------|
| Bert | recis logistic | S, LLC | |
| ARTICLE II - Address: | ddress of the principal office of the L | | |
| Princip | al Office Address: | Mailing Add | ress: |
| 216 Neuls | emple Rd Havenute 3233-3 | Thomas Fr. | <u>32333</u> |
| ARTICLE III - Registered Ag The Limited Liability Company mother business emity with an | ent, Registered Office, & Registered cannot serve as its own Registered A active Florida registration.) | d Agent's Signature: Agent. You must designate an in | dividual or |
| The name and the Florida street | address of the registered agent are: | Hirson | |
| | ZILE New STE Florida street address (P.O. Box) | mple Rd SOT acceptable) | |
| | Havana Fr | 3233 <u>3</u> | |
| | | | |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the lace designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I turther 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 at registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| <u>Title:</u> | | N d (11 |
|--|--|--|
| "ANIBR" = A | Authorized Member | Name and Address: |
| "MGR" = M | anager | |
| Marie | uger | Bertrey Hinson |
| | Menagen | -216 Weals Temple Ra |
| | | |
| Ass. 7 | Manager | Franzel Lightbourne |
| | | Havana FL 32333 |
| | | 1/2000/05-1-1-2233 |
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| (Use attachm | nent if necessary) | |
| ETICLE V. Effecti | ve date if other than the d | late of filing: 1 2023 (OPTIONAL) |
| | listed, the date must be | specific and cannot be more than five business days prior to or 90 days a |
| an effective date is | | |
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ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

WZUEUZY AMINI SECRETARY OF STA TALLAHASSEF