L230000	47534
(Requestor's Name) (Address) (Address)	000400517240
(City/State/Zip/Phone #)	23 FEB -1 AM 8; 38 SECRE LARY OF STATE TALLAHASSEF, PLOPIN,
(Document Number) Certified Copies Certificates of Status	02/01/2301013005 **130.00
Special Instructions to Filing Officer: Office Use Only	PECEIVED 2023 FEB 1 PH 1:47 DIRECTOR'S OFFICE ALL AHASSEE, FLORIDA

COVER LETTER

.

TO: New Filing Section Division of Corporations	
SUBJECT: FOUR SCOSORS TRANSPORTATION and LAZISTICS 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:	
Temperance Blocker Name of Person	
Four Seasons Transportation and Logistics LLC	
PO BOX 2240102 West Palm Bouch FL 33422	
West Polm Beach FL 33422	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	\bigcirc
Temperance Blocker at (<u>7840</u>) <u>7409 - 9037</u> Name of Person Area Code Daytime Telephone Number	

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

ò

\$\$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>Mailing Address</u> 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:



ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

FE8

1

724068 m Berrich FL 3342 In Beach FL

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:



Having been named as registered agent and to accept service of process for the above stated limited liability company it the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I confirm further agree to comply with the provisions of all statutes relating to the proper and complete performance of my different and function 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:

. .

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager \underline{MGR}	TEMPERANCE Blocker PO BOX 224068 West Palm Beach, FL 33422	
	meet the applicable statutory filing requirements, this date will not be lister of State's records.	ן יי ד ז
ARTICLE VI: Other provisions, if any.		-

REOURED SIGNATURE:

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.

. Emperance Blocker 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)