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(Requestor's Name)
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only

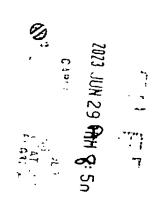
T. SCOTT
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: TMT LUGISTICS Florida 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:
LefiteA Burkun
Name of Person
Firm/Company
1674 Wakhavik Lane
Address
City/State and Zip Code MSI bukton 28 & yahav. Com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LCHIFIT BURTON at 90 4 , 502 - 7923 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ 18128.00 Filing Fee ☐ S130.00 Filing Fee & ☐ ☐ S155.00 Filing Fee & ☐ ☐ Certificate of Status ☐ Certified Copy (additional copy is enclosed) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Mailing Address

Same Commence

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

$\mathbf{A}\mathbf{I}$	Κ.	П	CI	.ŀ	. 1 -	Na	me:
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The name of the Limited Liability Company is:

(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:	Mailing Address:
1074 Warhawk Lane Jacksonville Fl 3221	Tacksonville Fl. 32021

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:

Letitia Bu	Rton	
Nam Namelia 741 in 10 Rb	ne 1awk l	G A1
Florida street address (P.C	Box NOT a	cceptable)
Jacksonville	F(32221
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 tamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

2023 JUN 29 AH 8: 5;

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" – Manager	Letitia Burton
(Use attachment if necessary)	
If an effective date is listed, the date must be sp he date of filing.)	e of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE	5 Bruto
This document is exect I am aware that any fals	ember or arkauthorized representative of a member, ited in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
Leti	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)

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- _ <u>-</u>	June 19, 2633
•	Attention: Typone Scott
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