Electronic Filing Cover Sheet

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Division of Componentions Fax Number : 1854)612-6381

Account have Account Mumber
Phone .
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TEAL DREAMS USA LUC - 120710000045 . (786)478-1797 . (786)226-2501

er the email address for this hastness entity to be used for typine annual report mailings. Enter only one emill address please.**

info@realdreams-usa.com

FLORIDA LIMITED LIABILITY CO. SUS LOGISTICS LLC

Cert ficate of Status	0
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Page Count	0.3
Estimated Charge	5125.00

Electron-c Filing Menu — Corporate Filing Menu

Пеф

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SUS LOGISTICS LLC

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

ARTICLE II - Address:

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

From: +17862260501 (Real Dreams USA)

Principa	d Office Address:		Mailing Address:		
6067 HOLLYWOOD	6057 H	6057 HOLLYWOOD BLVD			
SUITE 207 #180	SUITE	207 #180			
HOLLYWOOD, FL.	33()24	HOLL	YWOOD, FL 33024		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registration	Registered Agent, Yo n.) agent ate:	s Signature: u must designate an individ	SECRETARY OF MALLAHASSEL	2023 JUL 20 PM
		Name		f. in the	
	6067 HOLLYWOOD	BLVD SUITE 207		r= r-	2
	Florida street address	(P.O. Box <u>NOT</u> acce	eptable)	Ι.	0
	HOLLYWOOD	FLORIDA	33024		
	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 Agents Signature (REQUIRED)

(CONTINUED)

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

Title: 'AMBR" – Authorized Member 'MGR" = Manager	Name and Address:
MGR	SALAZAR URIBE, DIEGO 6067 HOLLYWOOD BLVD SUITE 207 #180 HOLLYWOOD, FL 33024
	2023.
	TANY SEE S
(Use attachment if necessary)	#: 20
(If an effective date is listed, the date must be sp the date of filing.)	c of filing:
REQUIRED SIGNATURE:	Amber or an authorized engracentative of a margher
This document is execu I am aware that any falso	ember or an authorized representative of a member, and in accordance with section 605.0203 (1) (b). Florida Statutes, e information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
	DIEGO SALAZAR URIBE 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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