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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

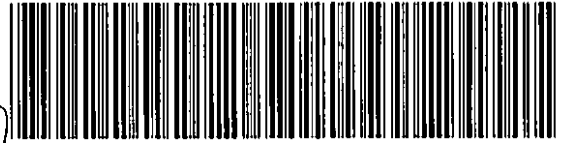
(Document Number)

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Special Instructions to Filing Officer:

123000070497

Office Use Only



800407379518

08/18/23--01013--012 **2.50

04/28/23--01026--004 **122.50

FILED
2023 SEP 15 AM 3:28
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2023

JUAN R MOJICA
1462 AMANDA ROAD
KISSIMMEE DA ROAD, FL 34744

SUBJECT: NOVA CARGO FORCE
Ref. Number: W23000070497

2023 SEP 15 PM 12:37

RECEIVED

We have received your document for NOVA CARGO FORCE and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

I received the \$2.50 money order for the remainder of the filing fee, however the wrong forms were submitted. Please fill out the enclosed forms and sign all required signatures.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Karen Lovelace
Regulatory Specialist III

Letter Number: 523A00019101

2023 SEP 15 AM 3:28
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RECEIVED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT:

NOVA Cargo Force 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:

Juan Mojica
Name of Person

Juan Mojica
Firm/Company

NOVA Cargo Force
Address

1462 Amanda Rd
City/State and Zip Code

Kissimmee FL 34744
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Mojica at (973) 495-8553
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 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)

Mailing Address

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

SEP 15 AM 9:29
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NOVA CARGO FORCE LLC
(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:

6555 Old Lake
Wilson Rd. Lot 9
Davenport, FL 33896

Mailing Address:

1462 Amanda Rd
Kissimmee, FL
34744

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:

JUAN MOLICA
Name
1462 AMANDA RD
Florida street address (P.O. Box NOT acceptable)
KISSIMMEE FL 34744
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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 SEP 15 AM 3:29
CLERK OF THE COURT
HALL COUNTY, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Christopher Smith
6555 Old Lake Wilson Rd
Lot 9 Davenport, FL 33896

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09-12-23 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Christopher Smith

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.

Christopher Smith

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)

SECRETARY OF STATE
TALLAHASSEE, FL

2023 SEP 15 AM 3:29