

To:

Page: 2 of 5

2024-04-05 14:18:45 GMT

120 00477

From: Yanet Avila

**L24000158856**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H24000124835 3)))



H240001248353ABCS

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)328-4774

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
LOGISTIC CLEANING LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED  
2024 APR -5 PM 2:42  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

2024 APR -5 AM 10:38

To:

Page: 3 of 5

2024-04-05 14:18:45 GMT

13053284774

From: Yanet Avila

850-817-6381

4/5/2024 7:47:05 AM PAGE 1/001 Fax Server



April 5, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: LOGISTIC CLEANING LLC  
REF: W24000054600

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

MISSING AMER NAME IN ARTICLE IV

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

Carlos E Rico  
Supervisor  
New Filing Section

FAX Aud. #: H24000124835  
Letter Number: 224A00007318

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2024 APR -5 PM 2: 42

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LOGISITC CLEANING LLC

TALLAHASSEE, FLORIDA

(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:**

27944 SW 132ND PL

HOMESTEAD, FL 33032

**Mailing Address:**

27944 SW 132ND PL

HOMESTEAD, FL 33032

**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:

GRISEL ORTEGA

Name

27944 SW 132ND PL

Florida street address (P.O. Box **NOT** acceptable)

HOMSTEAD FL 33032

City

State

Zip

*I 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 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

"MGR" = Manager

**Name and Address:**

GRISSEL ORTEGA

27944 SW 132ND PL

HOMESTEAD, FL 33332

AMBR

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

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.

Griselle Ortega

Typed or printed name of signee

FILED  
TALLAHASSEE, FLORIDA

2024 APR -5 PM 2:42