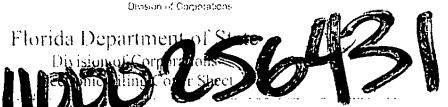
Page: 2 of 4

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From: Ricardo Montilla

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ind use it as a cover sheet. Type the tax audit number the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (\$50)617-6381

From:

Account Name : RICARDO MONTILLA Account Number : 120240000033 Phone : (321)431-7613 Fax Dumber : (321)978-8232

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

Email Address: MFBGREAT20@GMAIL.COM

FLORIDA LIMITED LIABILITY CO. MGR LOGISTICS SERVICES LLC

Certificate of Status	0 :
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Electronic Filing Menu Corporate Filing Menu Help

From: Ricardo Montilla

(H24000197131.3).

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MGR LOGISTICS SERVICES LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2415 S BABCOCK STREET, SUITE B MELBOURNE, FLORIDA, 32901

2415 S BABCOCK STRETT, SUITE B MELBOURNE, FLORIDA, 32901

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:

MFB G	REAT	INVES'	TMEN	TS LL	.C
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728 West Ave. #6052,

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

Cocoa	Florida	32927
- Gy	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited hability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in **fis** aspacity. 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 Cupter 605, ES

RICKSON MONDELA, MER GREAT INVESSOR STATE

Registered Agent's Signature (REQUEED)

(CONTINUED)

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as

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 <u>MGR</u>	MARY C. LOPEZ
AMBR	RICARDO J. MONTILLA
(Use attachment if necessary)	
	of filing: (OPTIONAL)
(If an effective date is listed, the date must be spo the date of filing.)	ecific and cannot be more than five business days prior to or 90 days after
Note: If the date inserted in this block does not n	neet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Department	of State's records.
ARTICLEVI: Other provisions, if any. The purpose of the Company is to provide all	I the necessary resources to manage all aspects related to
	other place with high quality and competitive prices.
	
REOURED SIGNATURE:	Contraction of the second of t
Signature of a me	unber 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.

RICARDO J. MONTILLA

Typed or printed name of sign e

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)