

L24000381218

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.

(((H24000299501 3)))



H240002995013ABC%

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 : CORPOLICENSE, INC
Account Number : I20050000118
Phone : (305)774-9606
Fax Number : (305)774-9660

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

Email Address: Fabroallegre 22 @ gmail.com

2024 SEP -4 AM 9:34
TALLAHASSEE, FL
SECRETARY OF STATE

RECEIVED
2024 SEP -4 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.
PRINTART LOGISTIC, LLC**

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

H24000299501

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
PRINTART LOGISTIC, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

PRINTART LOGISTIC, LLC

ARTICLE II - ADDRESS:

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

**PRINCIPAL ADDRESS: 1635 W 72nd Street
Hialeah, Florida 33014**

2024 SEP -4 AM 9:36
STATE OF FLORIDA
TALLAHASSEE

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The Registered Agent designated is: **FABIO A. ALLEGUE-VEGA**

**1635 W 72nd Street
Hialeah, Florida 33014**



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.

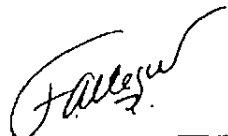
H24000299501

H 24000299501

ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>TITLE:</u>	<u>NAME AND ADDRESS</u>
MGR	FABIO A. ALLEGUE-VEGA 1635 W 72nd Street Hialeah, Florida 33014



FABIO A. ALLEGUE-VEGA
Manager

2024 SEP -4 AM 9:34
FBI SD

09/03/2024

(In accordance with section 605.0201, Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

H 24000299501