

L240000 441215

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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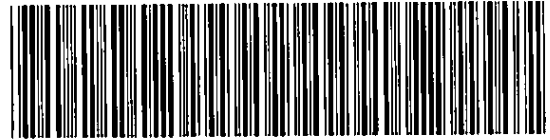
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \$125.00

Authorization Signature: *Janice*

Multilogistics Solutions LLC

Business name

Document #

     Walk in

     Will wait

     Certified Copies of the Articles of Organization

     Certificate of Status

**NEW FILINGS**

     Profit

     Not for Profit

  X   LLC

     Domestication

     INC

     CORP

     OTHER

**AMENDMENTS**

     Amendment

     Resignation of R.A. Officer/Director

     Change of Registered Agent

     Dissolution/Withdrawal

     Conversion

     Statement of FACT

     Merger

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**OTHER FILINGS**

     Annual Report

     Fictitious Name

     Statement of Authority

     APOSTIL                     

                     COUNTRY

**REGISTRATION/QUALIFICATIONS**

     Foreign Filing

     Partnership

     Reinstatement

     CORRECTION for a Foreign LLC

     Domestication of a Foreign Corp.

                          Other

EXAMINER'S INITIALS:

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EXAMINER'S INITIALS:

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** MULTILOGISTICS SOLUTIONS 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:

ALEJANDRO MANRIQUE

Name of Person

Firm/Company

556 W PALM AIRE DR

Address

POMIPANO BEACH, FL 33069

City/State and Zip Code

ALEJOMANRIQUEG@GMAIL.COM

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

For further information concerning this matter, please call:

ALEJANDRO MANRIQUE      954      4408494  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**MULTILOGISTICS SOLUTIONS 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:

**556 W PALM AIRE DR  
POMPANO BEACH, FL 33069**

Mailing Address:

**556 W PALM AIRE DR  
POMPANO BEACH, FL 33069**

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:

**ALEJANDRO MANRIQUE**

Name

**556 W PALM AIRE DR**

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

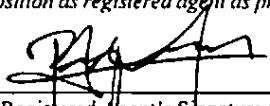
**POMPANO BEACH FL 33069**

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 Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

**IGOR PEREZ**

**556 W PALM AIRE DR**

**POMPANO BEACH, FL 33069**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

**ALEJANDRO MANRIQUE**

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)

2024 OCT 17 13:09:43