

m19000001453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

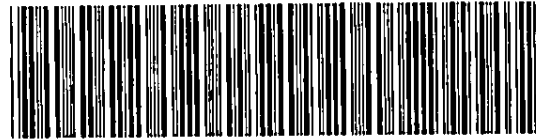
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

w19000009094

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FEB 11 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 29, 2019

ALBERT G. GEORGI  
393 CENTER POINTE CIR.  
SUITE 1459  
ALTAMONTE SPRINGS, FL 32701

SUBJECT: ARROW EXPRESS, LLC  
Ref. Number: W19000009094

We have received your document for ARROW EXPRESS, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

We have received your document for ARROW EXPRESS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ARROW EXPRESS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ALBERT G. GEORGI

\_\_\_\_\_  
Name of Person

ARROW EXPRESS, LLC

\_\_\_\_\_  
Firm/Company

393 CENTER POINTE CIR, SUITE 1459

\_\_\_\_\_  
Address

ALTAMONTE SPRINGS, FL 32701

\_\_\_\_\_  
City/State and Zip Code

ADMIN@CONNEXUS1.COM

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

For further information concerning this matter, please call:

ALBERT GEORGI

321  
at ( )

444-5922

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy



\$160.00 Filing Fee, Certificate  
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ARROW EXPRESS, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

ARROW EXPRESS TRANS, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. OHIO

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-2865658

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 393 CENTER POINTE CIR, SUITE 1459

(Street Address of Principal Office)

6. 393 CENTER POINTE CIR, SUITE 1459

(Mailing Address)

ALTAMONTE SPRINGS, FL 32701

ALTAMONTE SPRINGS, FL 32701

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ALBERT G. GEORGI

Office Address: 393 CENTER POINTE CIR, SUITE 1459

ALTAMONTE SPRINGS 32701

(City)

, Florida

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:**                      **Name and Address:**

☒ Manager      Name: ALBERT G. GEORGI

☐ Member      Address: 393 Centerpoint Cir, Ste 1459

☐ Authorized      ALTAMONTE SPRINGS, FL 32701

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☒ Manager      Name: Amgad kaldees

☐ Member      Address: 393 Centerpoint Cir, Ste 1459

☐ Authorized      ALTAMONTE SPRINGS, FL 32701

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Amgad Kaldees  
Signature of an authorized person

Amgad Kaldees  
Typed or printed name of signer



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/18/2018	201835202564	DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG (LCP)	99.00	100.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

ALBERT G GEORGI  
925 S CLINTON STREET SUITE 1-1054  
DEFIANCE, OH 43512

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted**  
**4268442**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**ARROW EXPRESS, LLC**

and, that said business records show the filing and recording of:

Document(s)

**DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG**

Effective Date: 01/01/2019

Document No(s):

**201835202564**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
18th day of December, A.D. 2018.

*Jon Husted*

**Ohio Secretary of State**

Form 533A Prescribed by:

Date Electronically Filed: 12/18/2018

**JON HUSTED**  
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910  
www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov  
File online or for more information: www.OHBusinessCentral.com

For screen readers, follow instructions located at this path.

## Articles of Organization for a Domestic Limited Liability Company

**Filing Fee: \$99**  
**Form Must Be Typed**

### CHECK ONLY ONE (1) BOX

(1) Articles of Organization for Domestic  
☒ For-Profit Limited Liability Company  
(115-LCA)

(2) Articles of Organization for Domestic  
☐ Nonprofit Limited Liability Company  
(115-LCA)

Name of Limited Liability Company **Arrow Express, LLC**

(Name must include one of the following words or abbreviations:  
"limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd.")

**Optional:** Effective Date (MM/DD/YYYY) **1/1/2019**

(The legal existence of the corporation begins upon the  
filing of the articles or on a later date specified that is not  
more than ninety days after filing.)

**Optional:** This limited liability company shall exist for **2**  
Period of Existence

**Optional:** Purpose

TRUCKING

### \*\* Note for Nonprofit LLCs

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. \*\*

## Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

Arrow Express, LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

KARMA TRANSPORT, LLC

(Name of Statutory Agent)

925 S CLINTON STREET SUITE 1-1054

(Mailing Address)

DEFIANCE

(Mailing City)

OH

(Mailing State)

43512

(Mailing ZIP Code)

## Acceptance of Appointment

The Undersigned, KARMA TRANSPORT, LLC, named herein as the  
(Name of Statutory Agent)

Statutory agent for Arrow Express, LLC  
(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature ALBERT GEORGI

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)



By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

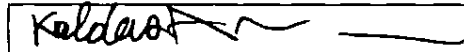
Articles and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

AMGAD KALDEES

Signature

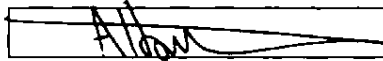


By (if applicable)

Print Name

ALBERT GEORGI

Signature



By (if applicable)

Print Name

Signature

By (if applicable)

Print Name