

P 170000 51768

(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:

Office Use Only



400299058884

05/15/17--01015--009 \*\*87.50

17 JUN '17 09:14

WTF-41869

M. MOON

JUN 13 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2017

THOMAS SMITH  
940 N COLLIER BLVD., STE. 102  
MARCO ISLAND, FL 34145

SUBJECT: ELLA BAY LOGISTICS, LLC  
Ref. Number: W17000041869

17 JUN 13 6:13:11

SEP 11 2017

We have received your document for ELLA BAY LOGISTICS, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, L.L.C. and LLC are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Matthew T Moon  
Regulatory Specialist II

Letter Number: 717A00009833

COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

17 JUN 13 03:10:14

SUBJECT: Ella Bay Logistics, LLC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Thomas Smith  
Name (Printed or typed)

940 N Collier Blvd, Suite 102  
Address

Marco Island, FL 34145  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

tom.smith@ella bay transport.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Ella Bay Logistics, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

940 N Collier Blvd, Suite 102  
Marco Island, FL 34145

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Logistics management and  
truck transportation brokerage

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Thomas Smith, President Name and Title: \_\_\_\_\_

Address: 940 N Collier Blvd, Suite 102 Address: \_\_\_\_\_  
Marco Island, FL 34145

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Thomas Smith

Address: 940 N Collier Blvd, Suite 102  
Marco Island, FL 34145

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Thomas Smith

Address: 940 N Collier Blvd, Suite 102  
Marco Island, FL 34145

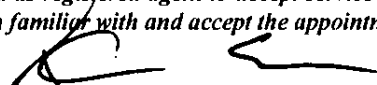
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 6/1/2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the 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.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

5/12/17  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*



Required Signature/Incorporator

5/12/17  
Date