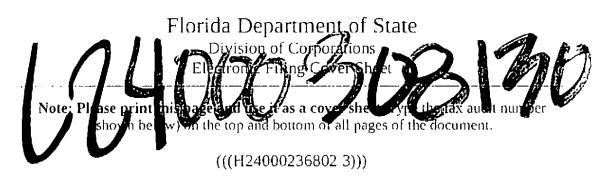
7/12/2024 05 17:04 PDT ... To. 18506176383 Page: 1/3 Fax: 8134365206





H240002368023ABC.

**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 : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (813)436-5206

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

Email Address:

# FLORIDA LIMITED LIABILITY CO. SOF LOGISTICS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

7/12/2024 05:17;01 PDT To: 18506176383 Page: 2/3 Fax: 8134365206

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

### SOF LOGISTICS 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:	Mailing Address:	
7901 4th St N	7901 4th St N	
STE 300	STE 300	
St. Petersburg, FL 33702	St. Petersburg, FL 33702	

## 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:

Registered Agents II	Name	
7901 4th St N STE 3	300	
<del></del>	ss (P.O. Box <u><b>NOT</b></u> ac	eceptable)
St. Petersburg	FL.	33702
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. Thereby 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)

7/12/2024 05:17:01 PDT To 18506176383 Page: 3/3 Fax: 8134365206

٠.	DT	16.1	Ľ.	17.

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	PEREZ YANEZ, SOFIA 7901 4th St N STE 300 St. Petersburg, FL 33702
AMBR	PEREZ VERDUGO, JESUS HERIBERTO 7901 4th St N STE 300 St. Petersburg, FL 33702
AMBR	YANEZ GOMEZ, JOCELIN 7901 4th St N STE 300 St. Petersburg, FL 33702
(Use attachment if necessary)	
the date of filing.)	date of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	a member or an authorized representative of a member.
This document is ex I am aware that any	a member or an authorized representative of a member, ecuted in accordance with section 605,0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817,155, F.S.
Rabin lones	

as

Typed or printed name of signee