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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Gabir Logistics 220
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:
Terica D. Lynn
Name of Person
Firm/Company
3435 N. Ridge Bd.
Address
J435 N. Ridge R1. Address Tallahassee, Fl 32305 City/State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Terica D. Lynn at 850, 694-5994
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□S125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate Opy (additional copy is enclosed) □S160.00 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

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

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address: 3435 N. R. dye Rd. Tallahussee, FH 32385	343 	Mailing Address: 35 N. Ridep. Rd. Wisspe, Fl. 323015	
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 ag	gent are:		
Terica D.	Lynn		
<u> </u>	lamé		
<u>3435</u> N. R.	idue Rol.		
Florida street address (l	P.O. Box NOT accep	table)	
Tallahassee	Florida	<i>3</i> 23 <i>0</i> 5	
City	State	Zip	
Having been named as registered agent and to accept service place designated in this certificate. I hereby accept the appoin further agree to comply with the provisions of all statutes relations familiar with and accept the obligations of my position as	tment as registered ag ting to the proper and	gent and agree to act in this capacity. I complete performance of my duties, and I	

(CONTINUED)

Signature (REQUIRED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Terica D. Winn 3135 N. Kidae R.L. Tallatustre, Fi 32206
-	
	
the date of filing.)	meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
This document is execu	ember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any fals	e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.

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

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)