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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
UNIVERSE LOGISTICS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2020 DEC -1 PM 2:45

*Handwritten signature and date: 12/2/20*

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

Universe Logistics, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

7300 W FLAGLER ST  
Miami, FL 33144

**Mailing Address:**

7300 W FLAGLER ST  
Miami, FL 33144

**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:

Jorge Amilcar Gonzalez Vasquez

Name

7300 W FLAGLER ST

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

Miami FL 33144

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 provide 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:** **Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

<u>AMBR</u>	ROTUNNO SIERVO GROUP CORP 7300 W FLAGLER ST Miami, FL 33144
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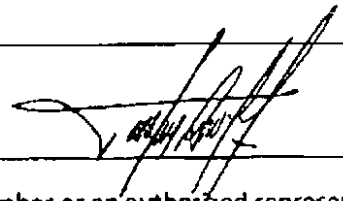
<u>AMBR</u>	Jorge Amilcar Gonzalez Vasquez 7300 W FLAGLER ST Miami, FL 33144
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(Use attachment if necessary)

**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.

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