

Division of Corporations

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Florida Department of State
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Fax Number : (850) 205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

JAMES BROTHERS TRUCKING LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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H06000188360 3

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
JAMES BROTHERS TRUCKING LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:
417 SOUTH 2ND STREET
IMMOKALEE FL 34142

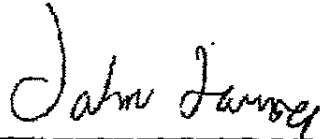
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ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:
JOHN JAMES
417 SOUTH 2ND STREET
IMMOKALEE FL 34142

Having been named as registered agent 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 provided for in Chapter 608, F.S..



JOHN JAMES Registered Agent's Signature

H06000188360 3

H06000188360 3 PAGE 2 JAMES BROTHERS TRUCKING LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one members and is, therefore, a Member-Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
JOHN JAMES
417 SOUTH 2ND STREET
IMMOKALEE FL 34142

MANAGING MEMBER
ISACC JAMES
417 SOUTH 2ND STREET
IMMOKALEE FL 34142

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x John James

Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

NAME OF SIGNER JOHN JAMES
Typed or printed name of signee

H06000188360 3