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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: RJ TRUCKING STOP Nam	e of Limited Liability Company
The en	closed Articles of Organization and	Cee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the following:
	BIREN KUMAR SONI	Name of Person
	RJ TRUCKING STOP LLC.	
		Firm/Company
	3725 HWY 2	Address
	Gracevill, FL 32440	City/State and Zip Code
For fin	E-mail address: (to	be used for future annual report notification)
	N KUMAR SONI	_ at (334) 791-0121
	Name of Person	Area Code Daytime Telephone Number
Enclos	sed is a check for the following amou	nt:
I \$ 125.6	00 Filing Fee \$\square\$\$\$130.00 Filing I Certificate of S	· · · · · · · · · · · · · · · · · · ·
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
RJ TRUCKING STOP LLC		
(Must end with the words "Limited	Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the	e Limited Liability Company is:
Principal Office Address:	<u>Mailin</u>	ng Address:
3725 Hwy 2 Graceville, FL 32440		HWY 2 CEVILLE, FL 32440
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own is another business entity with an active Florida registration. The name and the Florida street address of the registered BIREN KUMAR SONI	Registere	ed Agent. You must designate an individual or
Name		
3725 HWY 2	· · · · · · · · · · · · · · · · · · ·	
Florida street address (P.O. Box	NOT acc	ceptable)
Graceville	FL	
City		Zip
Having been named as registered agent and to accept ser the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obl. Chapte Registered Agent's Signat	t the appo of all statu igations o er 605, F.	ointment as registered agent and agree to act in this utes relating to the proper and complete performance of my position as registered agent as provided for in S.S
(CONTINUI	ED)	

n . . m

fei 81-3813248

SEP 19 MM Proc

litle:	Name and Address:
AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	BIREN KUMAR SONI
	3725 Hwy 2
	Graceville, FL 32440
	GIBCEVIIIC, I E DETTO
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E V: Effective date, if other than the date extive date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
E V: Effective date, if other than the date extive date is listed, the date must be sp of filing.) E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or
ective date is listed, the date must be spot filing.) E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or
E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man (In accordance with section 60 constitutes an affirmation undul a maware that any false information in the control of the constitutes are affirmation undul a maware that any false information in the control of the constitutes are affirmation undul a maware that any false information in the control of the constitutes are affirmation undul a maware that any false information in the control of the control	ecific and cannot be more than five business days prior to or
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