L1600219319

	questor's Name)	
en)	questoi s ivame)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
	LOUIS FOR STATE	
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





900291540459

10/27/16--01014--022 **160.00

16 DEC -5 PH 4: 24

541 IN/31/16



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 21, 2016

HOLLIE STEWART 4017 EAST SUNFLOWER CIRCLE LABELLE, FL 33955

SUBJECT: J.D. STEWART JR TRUCKING LLC

Ref. Number: W16000073671

We have received your document for J.D. STEWART JR TRUCKING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ARTICLE V effective date. Please verify the year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please-call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 516A00023326.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Principal Office Addres	Mailing Address:
ARTICLE II - Address: The mailing address and street address of the principle.	cipal office of the Limited Liability Company is:
(Must end with the words "L	Limited Liability Company, "L.L.C.," or "LLC.")
The name of the Limited Liability Company is:	50 To 200 2 1 1 0
ARTICLE I - Name:	

4017 ESUN HOWERCIR	4017 & Sunflower Cip
Labelle Fl	ic belle to
33433	
ARTICLE III - Registered Agent, Registered Office, & Registered	
(The Limited Liability Company cannot serve as its own Registered A	gent. You must designate an individual or
another business entity with an active Florida registration.)	

another business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:	ASE :	5	
-Hollie Stewart		930	h-at-
Name	3+1 0/101	ì	yr.
4017 E SUNHOWER CIR	3326 3386	S	F
Florida street address (P.O. Box NOT acceptable)	17	Ť	í
Labelle FL 33935	LORI STAI	f: 2	-
City State Zip	\$₩	F	

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 provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	John D Stewart JR
AMBR	Hollie Stewart Hollie Sunflowercir Labelle FC 33935
ite of filing.)	ecific and cannot be more than five business days prior to or 90 days after
CLE V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.)	of filing: Deriver than two business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the date effective date is listed, the date must be spute of filing.) If the date inserted in this block does not a	of filing: Deriver than two business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the date effective date is listed, the date must be spute of filing.) If the date inserted in this block does not recument's effective date on the Department	of filing: Deriver than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be spute of filing.) If the date inserted in this block does not recument's effective date on the Department	of filing: On LOCAL Solution of Tional) secific and cannot be more than two business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.) If the date inserted in this block does not recurrent's effective date on the Department occurrent's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a many false constitutes a third degree of the constitutes at the constitute of the constitutes at the constitute of the constitutes at the constitute of the	of filing: John College of the process of the process of the statutory filing requirements, this date will not be listed of State's records. The process of
CLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.) If the date inserted in this block does not recurrent's effective date on the Department occurrent's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a many false constitutes a third degree of the constitutes at the constitute of the constitutes at the constitute of the constitutes at the constitute of the	of filing: Survival (1) Solution (2) Solutio