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(Req	uestor's Name)	
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(City/	State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates of	Status
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Special Instructions to Fi	ang Onicer:	
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Office Use Only



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### **COVER LETTER**

TO: New Filing Section
Division of Corporations

SUBJECT: JGVP TRUCKING, LLL

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:

Rebeca Andrade
Name of Person
Firm/Company
8 ROUND MILL LA
Address
talm 600st, FL 32/64
rcbestic 19-Giy/State and Rip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee □\$130.0

☐\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

□\$160.00 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

ARTICLE I - Name: The name of the Limited Liability Company is:	
JEVP TRUCKING  (Must conatin the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the street address.	
Principal Office Address:	Mailing Address:
8 Roud MIII LA Falm Coost, FL 321104	& Lound Mill in lam Coost, 12 32164

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: da street, address (P.O. Box NOT acceptable) City State

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 of 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 resition as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

# ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Authorized_Mon	nbor Jorge Anchade Broodd Millin Palm (205+, FC 32104
(Use attachment if necessary)	
(If an effective date is listed, the date must the date of filing.)	the date of filing: (OPTIONAL)  st be specific and cannot be more than five business days prior to or 90 days after  best not meet the applicable statutory filing requirements, this date will not be listed artment of State's records.
ARTICLE VI: Other provisions, if any.	
This decument	of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State of St

Filing Fees:

Typed or printed name of signee

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

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

JIVISION OF CORPORATIONS