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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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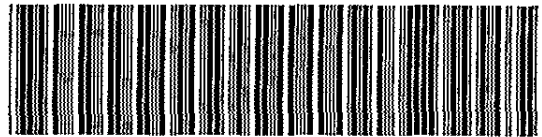
(Business Entity Name)

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TALLAHASSEE, FLORIDA

J. BRYAN AUG 14 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A.F.S. Logistics LLC
(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:

WADE B. RIVERS
(Name of Person)

A.F.S. LOGISTICS LLC
(Firm/Company)

500 MEADOWBROOK FARMS RD
(Address)

GREEN COVE SPRINGS, FL 32043
(City/State and Zip Code)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Rob McLEVY at (904) 284 0350
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: A.F.S. Logistics LLC

ARTICLE II - Address:

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

Principal Office Address:

500 MEADOWBROOK FARMS RD
GREEN COVE SPRINGS, FL
32043

Mailing Address:

500 MEADOWBROOK FARMS RD
GREEN COVE SPRINGS, FL
32043

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

WADE B. RIVERS
Name
500 MEADOWBROOK FARMS RD
Florida street address (P.O. Box NOT acceptable)
GREEN COVE SPRINGS FL 32043
City, State, and Zip

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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 608, F.S.

Wade B. Rivers
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

WADE B. RIVERS

500 MEADOWBROOK FARMS RD
GREEN COVE SPRINGS, FL 32043

MGR

Ruth M. Rivers

500 MEADOWBROOK FARMS RD
GREEN COVE SPRINGS, FL 32043

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Waide B. Rivers

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.)

WADE B. RIVERS

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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