

LOG0000001262

Clemon Johnson

Requester's Name

RR4 Box 4088, Hwy 90W

Address

Monticello, FL 32344

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Clemon Johnson Trucking LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #) 600003093826--4  
-01/11/00-01006--003  
\*\*\*\*125.00 \*\*\*\*125.00

3. \_\_\_\_\_  
(Corporation Name) (Document #) W-965

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 FEB -1 AM 11:37

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FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 12, 2000

CLEMON JOHNSON  
RR4 BOX 4088, HWY 90W  
MONTICELLO, FL 32344

SUBJECT: CLEMON JOHNSON TRUCKING, L.L.C.  
Ref. Number: W00000000965

We have received your document for CLEMON JOHNSON TRUCKING, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

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) 487-6097.

Michael Mays  
Document Specialist

Letter Number: 300A00001649

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00 FEB -1 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Clemon Johnson Trucking, L.L.C.

## ARTICLE II - Address:

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

RR4 Box 4088 - Hwy 90W  
Monticello, Florida 32344

## ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

## ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Clemon Johnson II - RR4 Box 4088 - Hwy 90W, Monticello, Fl. 32344  
Sylvester Jones - 530 Virginia Street, Monticello, Fl. 32344

## ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN  
THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_

CLEMON JOHNSON TRUCKING, L.L.C.

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

CLEMON JOHNSON II  
NAME

RR 4 Box 4088 - Hwy 90W

Florida street address (P. O. Box NOT ACCEPTABLE)

MONTICELLO

FL

32344

CITY, STATE AND ZIP

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 FEB - 1 AM 11:38

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*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.*

Clemon Johnson II  
SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**