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Florida Department of State
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AL

LIMITED LIABILITY COMPANY
WEST JACKSONVILLE BUS SERVICE, LLC

RECEIVED
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Certificate of Status	1
Certified Copy	1
Page Count	01
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -- Name:

The name of the Limited Liability Company is: WEST JACKSONVILLE BUS SERVICE, LLC.

ARTICLE II -- Address:

The mailing address and street address of the principal office of the Limited Liability Company are 2635 LATRELLE COURT, JACKSONVILLE, FLORIDA 32210

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

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

F & L CORP.

Name

200 LAURA STREET

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

JACKSONVILLE, FLORIDA 32202

City, State, and Zip

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 completed 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.

F & L CORP.

By: Charles V. Hedrick

Charles V. Hedrick, Authorized Signatory

Dated: February 1, 2001

Article IV -- Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

Dudley Perez, Jr.
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.)

Dudley Perez, Jr.

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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