

W030000016104

00789-02837-02870-00671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

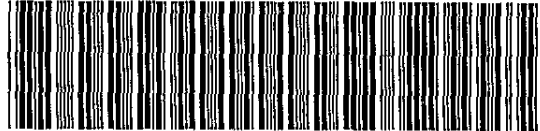
Certified Copies _____ Certificates of Status 1

Special Instructions to Filing Officer:

5/5 FL LC CVS

W03-11843

Office Use Only



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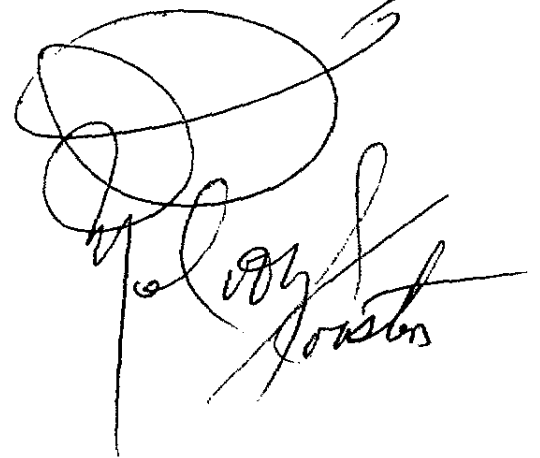
04/24/03--01046--004 **288.75

130.00

MJH

FILED
03 MAY -5 AM 8:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Please send
a copy of
the letter of
Status to the
undersigned agent

A handwritten signature in black ink, appearing to read "Mel Von Soosten". The signature is stylized with a large, loopy initial "M" and a long, sweeping underline.

J&M Transportation
4685 Rosebud St.
Cocoa, FL 32927

Transportation Consultant
Mel Von Soosten
4685 Rosebud St.
Cocoa, FL 32927



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 25, 2003

J&M TRANSPORTATION
4685 ROSEBUD ST.
COCOA, FL 32927

SUBJECT: ARGYLE ENTERPRIZE, LLC
Ref. Number: W03000011843

We have received your document for ARGYLE ENTERPRIZE, LLC and your check(s) totaling \$293.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 503A00025171

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARBYLE ENTERPRISES, LLC,

ARTICLE II - Address:

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

7319 SHINDLER DR. #15, JACKSONVILLE, FL, 32222

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

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

RONEL M. TOMA
Name
7319 SHINDLER DR. #15
Florida street address (P.O. Box **NOT** acceptable)
JACKSONVILLE FL 32222
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 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.

Mel Von Loosten
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Mel Von Loosten
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.)

MEL VON LOOSTEN, REPRESENTATIVE
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)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

03 MAY -5 AM 8:50

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