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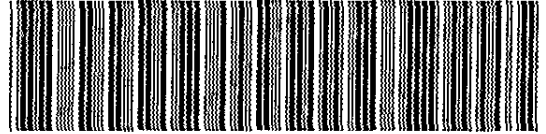
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TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JIM MARTIN TRUCKING, 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:

ATTN: START DEPARTMENT

(Name of Person)

JK HARRIS AND COMPANY

(Firm/Company)

4995 LACROSS ROAD, SUITE 1800

(Address)

NORTH CHARLESTON, SC 29406

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRIS PUETZ

(Name of Person)

at (800) 313-0877 x 250

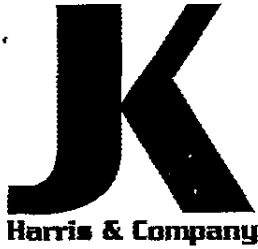
(Area Code & Daytime Telephone Number)

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



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www.jkharris.com

E-mail: cpuetz@jkharris.com

September 19, 2003

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Jim Martin Trucking, LLC

Dear Sir or Madam:

Enclosed for filing please find an original and one (1) copy of the Articles of Organization in reference to the above-captioned matter. Please file and return the stamped copy back to me. Also enclosed is a check in the amount of \$125.00 to cover the required filing fees. Please feel free to call or write with any questions or problems.

Sincerely,

A handwritten signature in black ink, appearing to read 'CPuetz', is written above the printed name.

Chris Puetz
Ext. 250

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
JIM MARTIN TRUCKING, LLC

ARTICLE II - Address:

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

Principal Office Address:

3434 BLANDING BOULEVARD, #126
JACKSONVILLE, FL 32210

Mailing Address:

3434 BLANDING BOULEVARD, #126
JACKSONVILLE, FL 32210

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

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

JAMES T. MARTIN

Name

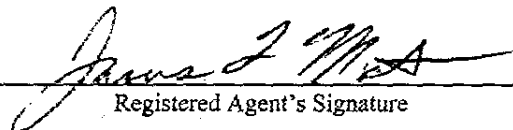
3434 BLANDING BOULEVARD, #126

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

JACKSONVILLE FL 32210

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..


Registered Agent's Signature

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

