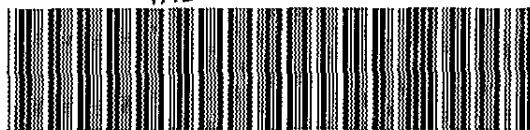


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TO: Registration Section
Division of Corporations

03 DEC 22 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: JLM TRANSPORT 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:

JAMES MERONVIL
(Name of Person)

JLM TRANSPORT LLC
(Firm/Company)

701 S W SAN SALVADOR COVE
(Address)

ST. LUCIE WEST, FL 34986
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES MERONVIL at (772) 486-0701
(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

FILED

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

03 DEC 22 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

JLM TRANSPORT LLC

ARTICLE II - Address:

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

Principal Office Address:

JLM TRANSPORT LLC

701 S W SAN SALVADOR COVE

ST LUCIE WEST, FL 34986

Mailing Address:

JLM TRANSPORT LLC

701 S W SAN SALVADOR COVE

ST LUCIE WEST, FL 34986

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

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

JAMES MERONVIL

Name

701 S W SAN SALVADOR COVE

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

ST ST LUCIE WEST, FLORIDA 34986

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, Florida Statutes..



Registered Agent's Signature

FILED

03 DEC 22 AM 11:04

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

HONEL JEAN

1054 RAINTREE LANE

WELLINGTON, FL 33414

MGRM

JACQUES LOUIS

6622 LAWRENCEWOOD CT.

LANTANA, FL 33462

MGRM

JAMES MERONVIL

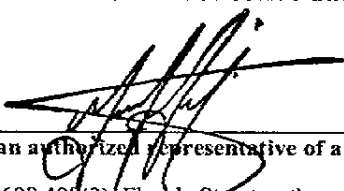
701 S W SAN SALVADOR COVE

ST LUCIE WEST, FL 34986

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

JAMES MERONVIL

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)