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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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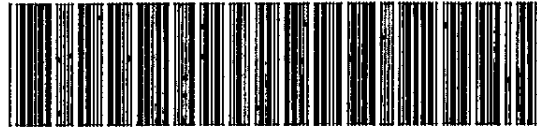
(Business Entity Name)

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE CARIBBEAN CARGO COMPANY, A L.L.C.  
(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:

JERALD D. BIGGERS  
(Name of Person)

THE CARIBBEAN CARGO COMPANY, A L.L.C.  
(Firm/Company)

7432 115 DRIVE  
(Address)

LIVE OAK, FLORIDA 32060  
(City/State and Zip Code)

For further information concerning this matter, please call:

JERALD D. BIGGERS at 386 364-7026  
(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

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THE CARIBBEAN CARGO COMPANY, A L.L.C

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

7432 115 DRIVE

SAME

LIVE OAK, FLORIDA 32060

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

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

JERALD D. BIGGERS

Name

7432 115 DRIVE

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

LIVE OAK FLORIDA 32060

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..*

*Jerald D. Biggers*  
Registered Agent's Signature

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

**Name and Address:**

"MGRM" = Managing Member

**JERALD D. BIGGERS**

7432 115 DRIVE

LIVE OAK, FLORIDA 32060

HENRY NORCROFT-HALL

3501 SOUTH KERNAN BLVD #314

**JACKSONVILLE, FLORIDA 32224**

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

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.)

**JERALD D. BIGGERS**

Typed or printed name of signee

**\$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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