104000087228

(Requestor's Nar	ne)	
(Address)		
(Address)		
(City/State/Zip/Pl	none #)	
PICK-UP WAIT	MAIL	
(Business Entity	Name)	
(Document Number)		
Certified Copies Certification	ates of Status	
Special Instructions to Filing Officer:		

Office Use Only



300042761083

11/24/04--01013--611 **128.00



LOU-87728

TRANSMITTAL LETTER

TO: Registration Se Division of Cor			
SUBJECT: CJB TRA		d Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondence	ondence concerning this matte	er to the following:	
CHARLE	S J BUTLER		
	(1	Name of Person)	
CJB TRANSPOR T,			
	(Firm/Company)	
8472 TANG	ELO TREE DRIVE		
		(Address)	
ORLANDO, FL 32836 (City/State and Zip Code)			
	(City)	State and Zip Code)	-ut a
For further information concerning this matter, please call:			
			elephone Number)
CHARLES J. BUTLEF		at (321) 438-8284	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check fo	r the following amount:		<u> </u>
	-	CI 0155 00 Elling Fac 9	□ \$160.00 Filing Fee,
7 \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(additional copy is enclosed)
STRE	ET ADDRESS:	MAILING A	
	ration Section	Registration S	
	on of Corporations Gaines Street	Division of Co P.O. Box 632	
Tallah	assee, Florida 32399	Tallahassee, F	lorida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
CJB TRANSPORT, LLC.		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
8472 TANGELO TREE DRIVE	8472 TANGELO TREE DRIVE	
ORLANDO, FL 32836	ORLANDO, FL 32836	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re CHARLES J. BUTLER Name		
8472 TANGELO TREE DRIVE		
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	
ORLANDO, FL 32836 FL City, State, and Zip		
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	Accept service of process for the above stated limited this certificate, I hereby accept the appointment as it. I further agree to comply with the provisions of all informance of my duties, and I am familiar with and intered agent as provided for in Chapter 608, F.S.	

(CONTINUED)

Page 1 of 2

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

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

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM CHARLES J. BUTLER 8472 TANGELO TREE DRIVE ORLANDO, FL 32836

(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.)

CHARLES J. BUTLER

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)