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MILLSHASSSEE, FLORIDA

TRANSMITTAL LETTER

ATX1

TO: Registration Section
Division of Corporations

SUBJECT: Jarde 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:

Neika Cash Taylor, organizer
(Name of Person)

c/o Select Services, Inc. and John A. McCole, CPA
(Firm/Company)

Post Office Box 805
(Address)

Salisbury, NC 28145-0805
(City/State and Zip Code)

For further information concerning this matter, please call:

Neika Cash Taylor, organizer at (800) 647-0027
(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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TALLAHASSEE, FLORIDA

Jarde Transport, LLC

20-1828684

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

ATX1

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jarde Transport, LLC

EIN: 20-1828684

ARTICLE II - Address:

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

Principal Office Address:

Jarde Transport, LLC

3802 Sunbeam Court

Merritt Island, FL 32953-8048

Mailing Address:

Jarde Transport, LLC

3802 Sunbeam Court

Merritt Island, FL 32953-8048

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

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

John Ward

Name

3802 Sunbeam Court

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

Merritt Island

FLORIDA 32953-8048

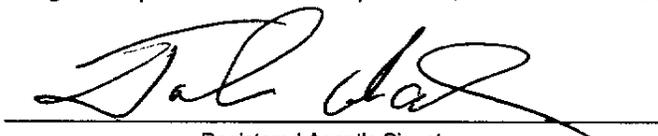
City, State, and Zip

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

**John A Ward
3802 Sunbeam Court
Merritt Island, FL 32953-8048**

(Use attachment if necessary)

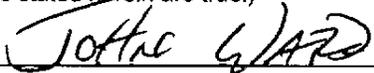
NOTE: An additional article must be added if an effective date is requested.

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.)



Typed or printed name of signee

STATE OF FLORIDA
ALLAHASSEE, FLORIDA

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FILED

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)