

L050000001820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Name  
Availability

Document  
Examiner            DCC

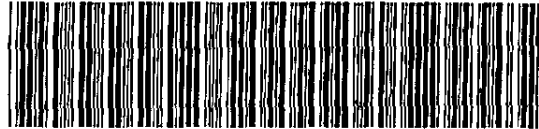
Updater            DCC

Office Use Only

Modifier  
Verifier            DCC

Acknowledgement    DCC

W. P. Verifier        DCC



500043722935

01/03/05--01035--026 \*\*130.00

01/03/05 10:03

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** B & D TRUCKING, 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:

Jodi Gelaro  
(Name of Person)

B & D TRUCKING, L.L.C.  
(Firm/Company)

PO BOX 28008  
(Address)

Jacksonville, FL. 32226  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jodi Gelaro at ( 904 ) 757-0662  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

B&D TRUCKING 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:**

1455 EASTPORT Rd  
JACKSONVILLE, FLORIDA 32218

**Mailing Address:**

P.O. BOX 28008  
JACKSONVILLE, FL 32226

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

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

Jodi Gelaro  
Name

820 Rock Bay Drive  
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32218  
City, State, and Zip

RECEIVED  
- 5 -  
11 16 08

*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..*

Jodi F. Gelaro  
Registered Agent's Signature

(CONTINUED)

**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:**

MGR

Brian Gelaro  
PO BOX 28008  
Jacksonville, FL. 32226

MGRM

Louise Gelaro  
PO BOX 28008  
Jacksonville, FL. 32226

MGRM

Jodi Gelaro  
PO BOX 28008  
Jacksonville, FL. 32226

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Jodi F. Gelaro  
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.)

JODI F. Gelaro  
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)