

# L05000057068

(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  
Number

DCC

Document

Office Use Only

Document

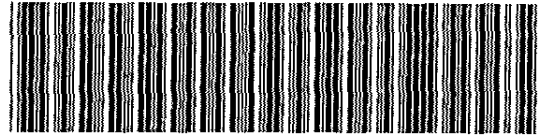
DCC

Document

DCC

Document

DCC



100055521451

06/02/05--01015--004 \*\*160.00

FILED

2005 JUN -2 P 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NELSON 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:

CAROLINE S. NELSON  
(Name of Person)

NELSON TRANSPORT, LLC  
(Firm/Company)

1862 SCHNOOR RD.  
(Address)

JAY, FL 32565  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOE E. NELSON at ( 850 ) 994 - 8506  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(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

2005 JUN 2 P 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

NELSON TRANSPORT, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

1862 SCHNOOR RD.  
JAY, FL 32565

#### Mailing Address:

1862 SCHNOOR RD.  
JAY, FL 32565

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

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

CAROLINE S. NELSON

Name

1862 SCHNOOR RD.

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

JAY

FL 32565

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, F.S..*

Caroline S. Nelson

Registered Agent's Signature

FILED  
SEP 2 2011  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

(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:**

MGRM

CAROLINE S. NELSON

1862 SCHNOOR RD.

JAY, FL 32565

MGRM

JOE E. NELSON

1862 SCHNOOR RD.

JAY, FL. 32565

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

*Caroline S. Nelson*

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.)

*Caroline S. Nelson*

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)

2005 JUN -2 P 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED