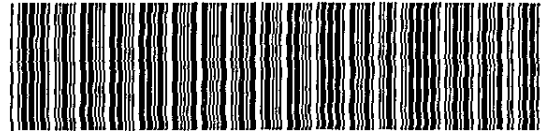


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2005 JUN 22 P 12:46

(Requestor's Name)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



100056290751

(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Registration Section  
Division of Corporations

2005 JUN 22 P 2:46

SUBJECT: J.A.M. LOGISTICS, LLC  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MACKENZIE B. MARCHY  
(Name of Person)

J.A.M. LOGISTICS, LLC  
(Firm/Company)

1731 SILVER STREET  
(Address)

JACKSONVILLE, FL 32206  
(City/State and Zip Code)

For further information concerning this matter, please call:

MACKENZIE MARCHY at 904, 294-4171  
(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

Mackenzie Marchy  
JAM Logistics, LLC  
1731 Silver Street  
Jacksonville, FL 32206  
(904)-294-4171  
June 21, 2005

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please see the included articles of organization for Florida Limited Liability Company along with a check for \$130 to cover the filing fee and a certificate of status.

Please contact me at the address or phone number above if there are any concerns with the included application.

Sincerely,  
Mackenzie Marchy  
JAM Logistics, LLC

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2005 JUN 22 P 2:46

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J.A.M. LOGISTICS, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1731 SILVER STREET  
JACKSONVILLE, FL 32206

1731 SILVER ST.  
JACKSONVILLE, FL  
32206

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

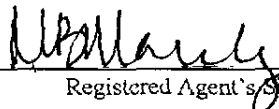
The name and the Florida street address of the registered agent are:

MAKENZIE MARLBY  
Name

1731 SILVER STREET  
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE, FL 32206  
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..*

  
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

MGR

MGRM

MGRM

**Name and Address:**

MACKENZIE MARCY  
1731 SILVER STREET  
JACKSONVILLE, FL 32204

JEFFREY MEHLHOFF  
2319 OCEANFOREST DR. W  
ATLANTIC BEACH, FL 32233

AMANDA MEHLHOFF  
928 N. WINCHESTER AVE, APT. 2  
CHICAGO, IL 60622

**FILED**

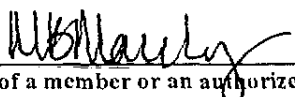
2005 JUN 22 P 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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.)

Mackenzie B. Marcy  
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)