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SECRETARY OF STAIF TALLAHASSEE, J LOGGE,

## TRANSMITTAL LETTER

Division of Corporation	s				
SUBJECT: JL Family Truckin	ıg, LLC				_
	(Name of Limited	l Liability Comp	oany)		
The enclosed Articles of Organiz	ration and fee(s) are su	ubmitted for filir	ng.		
Please return all correspondence	concerning this matter	r to the followin	g:		ų.
Laurie Lee		Name of Person)		- 41	
	(i.	tane of reisony			
JL Family Trucking, LLC					
<del> </del>	(1)	Firm/Company)			
2726 Parkrus Lane					
		(Address)			
Jacksonville,	Florida 32208				
	(City/	State and Zip Coo	le)	TAL TAL	20
For further information concerning	ng this matter, please	call:		CRETA LAHAS	1005 JUL 12 F
Laurie Lee		at ( 924	904-0087	318 7 48	_7
(Name of Person		(Area Co	de & Daytime To	elephone Number)	_ ບ ູ≖
Enclosed is a check for the fo	llowing amount:			TATE ORICA	12: 38
	30.00 Filing Fee & ficate of Status	S155.00 Certified Co (additional cop)	ру	☐ \$160.00 Filin Certificate of Sta Certified Copy (additional copy is a	atus &
STREET ADI Registration Se Division of Co 409 E. Gaines	ection orporations		MAILING A Registration S Division of Co P.O. Box 632	ection orporations	

Tallahassee, Florida 32314

Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
JL Family Trucking, LLC				
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited I	Liability Company is:		
Principal Office Address:	Mailing Address:			
2726 Parkrus Lane	2726 Parkrus Lane			
Jacksonville, Florida 32208	Jacksonville, Florida 32208			
James Lee	Name	ZUUS SEC		
2726 Parkrus Lane				
Florida si	treet address (P.O. Box NOT acceptable)	AR SS		
Jacksonville, Florida 32208 FL				
	, State, and Zip			
Having been named as registered agent of liability company at the place designating registered agent and agree to act in this constatutes relating to the proper and compaccept the obligations of my position of	ted in this certificate, I hereby accept capacity. I further agree to comply wi olete performance of my duties, and I d	the appointment as th the provisions of all am familiar with and		
1 U J I	us regisierea ageni as proviaca jor in	Criapier 000, 1 .b		

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Page 1 of 2

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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Owner Marm	James Lee 2726 Parkrus Lane Jacksonville, Florida 32208
(Use attachment if necessary)  NOTE: An additional article must b	e added if an effective date is request <b>e</b> d,
REQUIRED SIGNATURE:	LLAHA.
(In accordance with section of this document constituent that the facts stated here	or an authorized representative of a member: on 608.408(3), Florida Statutes, the execution the san affirmation under the penalties of perjury rein are true.)
Filing Fees:	
\$125.00 Filing Fee for Articles of Organi	zation and Designation

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