

L060000/4438

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2006 FEB -9 PM 2:02  
TALLAHASSEE, FLORIDA  
02 FEB -9 11:00

J. BRYAN FEB - 9 2006

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. JAC TRANSPORT LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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**NEW FILINGS**

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

**AMENDMENTS**

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

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2006 FEB - 9 PM 2:03  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

Examiner's Initials

*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

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TALLAHASSEE, FLORIDA

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

**ARTICLE I – Name:**

The name of the Liability Company is:

JAC TRANSPORT ,LLC

**ARTICLE II – Address:**

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

13015 SW 89 PLACE # 307 MIAMI FL 33176

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

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

CHRISTOPHER COTO

Name

13015 SW 89 PLACE # 307

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

MIAMI, FLORIDA 33176

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 designed 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 familiar with and accept the obligations of my positions as registered agent as provided for ub Chapter 608, F.S.*

Register Agent's Signature

**ARTICLE IV - Management ( Check box if applicable.)**

- ☒ The Limited Liabilities Company id to be managed by one manager of more managers and is, therefore, a manager - managed company.

CHRISTOPHER COTO

13015 SW 89 PLACE # 307 MIAMI FL 33176

(An additional article must be added if an affected date is required)

**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 and affirmation under the ponalties of perjury that the facts stated herein are true.)*

CHRISTOPHER COTO

x

Typed of printed name of signee

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