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Florida Department of State
Division of Corporations
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HOOD

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

RECEIVED
06 APR 14 PM 3:01
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

DENNIS JACOBS TRUCKING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
06 APR 14 AM 9:29
APPROVED AND FILED

ARTICLES OF ORGINATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:
The name of the Limited Liability Company is:

DENNIS JACOBS TRUCKING, LLC

ARTICLE II – Address:
The mailing address and street address of the principle office of the Limited Liability Company is:

Principle Office Address:	**Mailing Address:**
1760 SE 155TH STREET	1760 SE 155TH STREET
SUMMERFIELD, FL. 34491	SUMMERFIELD, FL. 34491

ARTICLE III – Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

DENNIS JACOBS
Name
1760 SE 155TH STREET
Florida street address (P.O. Box NOT acceptable)
SUMMERFIELD, FL. 34491
City, State, and Zip

Having been named as registered agent and to accept service of process for 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, Florida Statutes.

Dennis Jacobs
Registered Agent's Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
MGMR	DENNIS JACOBS 1760 SE 155TH STREET SUMMERFIELD, FL. 34491

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

✓ Dennis Jacobs
Signature of a member or an authorized representative of a member.

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

DENNIS JACOBS
Typed or printed name of signee

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TALLAHASSEE, FLORIDA