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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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06 AUG 16 PM 1: 25 SECRETARY OF STATE TALLAHASSEE FLORIDA





COVER LETTER

TO:

TO: Registration S Division of Co			
SUBJECT: The T	ransportation Com	pany South, LLC	
	(Name of Limite	a Diability Company)	
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
John L D	avis		
00/11/2/2		Name of Person)	
		·	
	(Firm/Company)	
1 S 3rd 9	Street		
		(Address)	
Fernand	ina Beach, FL 3	2034	
<u> </u>		/State and Zip Code)	
For further information	concerning this matter, please	call:	
John Davis		at (904) 321-064	44
	e of Person)	(Area Code & Daytime Te	
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	▼ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$\square\ \$160.00 \text{ Filing Fee,}\$ Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	SEC SEC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
The Transportation Company South, LLC (Must end with the words "Limited Liability Company, "Limite		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1721 Blanding Blvd. Ste 105 Jacksonville, FL 32210	1 S. 3rd Street Fernandina Beach, FL 32034	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another	
The name and the Florida street address of the re	egistered agent are:	
John L Davis		
Name		
1 S 3rd Street		
Florida street address (P.O. Box NOT acceptable)		
Fernandina Beach	FL 32034	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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 MGRM The Transportation Company, LLC 20 S 5th Street Fernandina Beach, FL 32034 (Use attachment if necessary)

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

John L Davis

ARTICLE V: Effective date, if other than the date of filing:

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)

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SECRETARY OF STATE

_____. (OPTIONAL)