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FLORIDA/FOREIGN LIMITED LIABILITY CO.

TJ's Delivery Service, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT # 4070000471523

**ARTICLES OF ORGANIZATION
OF
TJ's Delivery Service, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **TJ's Delivery Service, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 7491 169th Drive, Live Oak, Florida 32060.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Patricia Stuart, 4424 NW American Lane, Ste 101, Lake City, Florida 32055. Located in the County of Columbia

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

David Wilson, 7491 169th Drive, Live Oak, Florida 32060
Christine Kennedy, 7491 169th Drive, Live Oak, Florida 32060



Business Filings Incorporated, Organizer
Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
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4070000471523CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **TJ's Delivery Service, LLC**

The name and address of the registered agent and office is Patricia Stuart, 4424 NW
American Lane, Ste 101, Lake City, Florida 32055. Located in the County of Columbia.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature:

Patricia Stuart
Patricia StuartDate: 2/19/2007FILED
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