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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

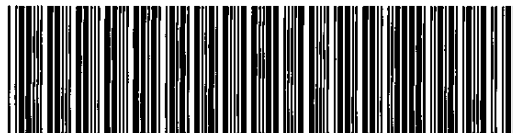
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07 FEB 28 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CS ~~000000~~ MAR - 1 2007

Carolina Nelson  
P O Box 17201  
Jacksonville, FL 32245  
February 20, 2007

Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

Dear Division of Corporations,

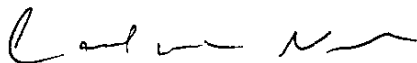
Enclosed, please find Articles of Dissolution for JCS Enterprises, LLC and Camelot Enterprises LLC. These entities were incorporated in error. We were told that JCS Enterprises LLC was not available, so we chose Camelot Enterprises LLC. However, we were issued an Employer Identification Number for JCS Enterprises LLC anyway and never received one for Camelot Enterprises, LLC. We have never conducted business under either JCS or Camelot.

Please also find Articles of Incorporation for C J'S Towing LLC. We are applying for a federal employer identification number for C J'S Towing LLC.

We were given incorrect information when we initially applied for LLC status, so please dissolve JCS Enterprises, LLC and Camelot Enterprises LLC as soon as possible and incorporate C J'S Towing LLC.

Thank you for your consideration. If you have any questions, please call (904)813-3097.

Respectfully,



Carolina Nelson, President

## COVER LETTER

ATX1

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** C J'S TOWING LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROLINA NELSON

(Name of Person)

C J'S TOWING LLC

(Firm/Company)

7670 OLD NURSERY ROAD

(Address)

MACCLENNY FL 32063

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLINA NELSON

(Name of Person)

at (904) 813-3097

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee  
& Certificate of Status

☐ \$155.00 Filing Fee  
& Certified Copy  
(additional copy is enclosed)

☐ \$160.00 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

C J'S TOWING LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C..")

**ARTICLE II - Address:**

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

**Principal Office Address:****Mailing Address:**C J'S TOWING LLC7670 OLD NURSERY ROADMACCLENNY FL 32063C J'S TOWING LLC7670 OLD NURSERY ROADMACCLENNY FL 32063**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CAROLINA NELSON

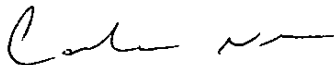
Name

7670 OLD NURSERY ROADFlorida street address (P.O. Box **NOT** acceptable)MACCLENNYFL 32063

City, State, and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 (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

**Name and Address:**

MGR

CAROLINA NELSON

7670 OLD NURSERY ROAD

MACCLENNY, FL 32063

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

\_\_\_\_\_  
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 an affirmation under the penalties of perjury that the facts stated herein are true.)

CAROLINA NELSON

\_\_\_\_\_  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)