

LO7000049191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/07/07--01075--011 **125.00

FILED
07 MAY -8 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

PHYSICAL: Dept. of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245-6052

MAILING: Dept. of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.
101 Convention Center Dr., Ste 700
Las Vegas, NV 89109
(800) 398-1077
(702) 889-6812

DATE: Tuesday, May 01, 2007

To Whom It May Concern:

Attached, please find the following document(s):

- Articles of Organization for **CJO SPECIALIZED TRANSPORT, LLC**

We have included payment in the amount of \$125.00 for the following fees:

- Filing fee -\$125.00
- Other: Please "File" stamp & return other provided copy

If there are any questions, please call Amy HunterAmy Hunter at 800-398-1077.

Please return the file stamped copy in the postage paid envelope enclosed. Thank you for your continued service!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CJO SPECIALIZED TRANSPORT, 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:

AMY HUNTER

(Name of Person)

NATIONAL CORPORATE HEADQUARTERS, INC.

(Firm/Company)

101 CONVENTION CENTER DR. STE 700

(Address)

LAS VEGAS

NV

89109

(City/State and Zip Code)

For further information concerning this matter, please call:

AMY HUNTER at (702) 873-3488 EXT. 3212
(Name of Person) (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:

CJO SPECIALIZED TRANSPORT, 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:

9211 103RD ST #85

JACKSONVILLE, FL 32210

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:

BUSINESS FILINGS INCORPORATED

Name

1203 GOVERNORS SQUARE BLVD., SUITE 101

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

TALLAHASSEE

FL 32301

City, State, and Zip

FILED
07 MAY - 8 AM 11:25
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..

Nicole Perce - Asst. Secretary
Registered Agent's Signature (REQUIRED)
Business Filings Incorporated

(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

CHRISTOPHER ONEY

9211 103RD ST #85

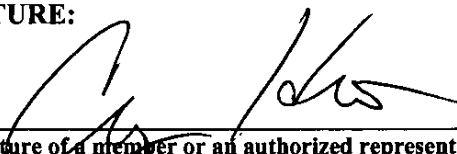
JACKSONVILLE, FL 32210

(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.)

AMY HUNTER

Typed or printed name of signee

FILED
07 MAY -8 AM 11:25
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)