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(Re	questor's Name)	
(Address)		
(Ad	dress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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2007 AUG 20 PH 3: 52 SECRETARY OF STATE NATIONAL SEE, FLORID!

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: A James Trucking Service, L.L.C. (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:		
Wilbur L. James (Name of Person)		
A James Trueking Service (Firm/Ofmplay)		
(Firm/Ompany)		
142 Hickory Lane		
(Audress)		
Havana F1. 32333		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Sordra James 1, 213, 999-4040		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy		
(additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed)		
Mailing Address Street/Courier Address		
Registration Section Registration Section Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building		
Tallahassee, FL 32314 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:		
A James Trucki (Must end with the words "Limited Linbility	no Sarvica, L.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:	
142 Hickory Lane Havana, Fl 32333	Havana, Fl 32333	
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:		
Wilbur L. James		
142 Hickory Lane Florida street address (P.O. Box NOT acceptable)		
Havana City, State, ar	FL 3233 d Zip	
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and leaved opens as provided for in Chapter 608 F.S.	

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

2001 AUG 20 PH 3: 52

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Monage	Wilbur L James 142 Hickory Lane Havana Fl., 32333
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the da	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member o	r an anthorized representative of a member.
(In accordance with section	n 608.408(3), Florida Statutes, the execution es an affirmation under the penaltics of perjury
Wil b Typed	or L James I 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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Page 2 of 2