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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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SECRETARY PORFIGNS
DIVISION OF CORPORATIONS
OF ALIG 24 PM 1: 22

COVER LETTER

то:	Registration Section Division of Corporate Cor				
SUBJ	ECT: Call	One Logistics LLC (Name of Limited	Liability Company)		
The e	nclosed Articles of C	Organization and fee(s) are su	bmitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
Dr.	Chester A. At	Lkens			
		()	lame of Person)		
	Call One I	Logistics LLC	-		01 [NY]
		(1	Firm/Company)		SIO
	305 East (Jnion Street			07 AUG 24 PH 1: 22
			(Address)		-0
	Jacksonvil	lle, Florida 32202			
			State and Zip Code)		
			•		, ,
For fi	orther information co	oncerning this matter, please	call:		
Dr.	Chester Aiker		at (904) 358-38	27	
	(Name o	f Person)	(Area Code & Daytime	Telephone Number)	
Encl	osed is a check for	the following amount:			
□ \$ 12	25.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$160.00 Filing Certificate of Stat Certified Copy (additional copy is er	us &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	OT AUG 24
Call One Logistics 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 print	ncipal office of the Limited Liability Company to:
Principal Office Address:	Mailing Address:
Dr. Chester A. Aikens	305 East Union St.
	Jacksonville, Florida 32202
(The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re Dr. Chester A. Aike	gistered agent are:
Name	
305 East Union Stre	the state of the s
Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)
Jacksonville,	FL 32202
City, State, ar	nd Zip
liability company at the place designated in the 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 his 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 tered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

MGR	Dr. Chester A. Aikens 305 East Union St. Jacksonville, Florida 32202	
MGR	Michael Peacock Rte. 5 Box 6778	_07 R
	Madison, Florida 32340	1
		_
		
		_
(Use attachment if necessar	у)	

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.)

Chester A. Aikens, I

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)