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A Professional Association

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Of Counsel:
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March 26, 2009

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: J2 Transportation, LLC


Dear Sir/Madam:

Enclosed herewith for filing please find the following:

1. Cover letter;
2. Articles of Organization; and
3. Check in the amount of \$125.

Please return a file stamped copy in the enclosed envelope.

Respectfully,


Larry James White
Attorney at Law

/ber

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J2 Transportation, 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:

Larry James White

(Name of Person)

Smith, White, Sharma & Halpern

(Firm/Company)

1126 Ponce de Leon Avenue NE

(Address)

Atlanta, GA 30306

(City/State and Zip Code)

For further information concerning this matter, please call:

Larry James White

(Name of Person)

at (404) 872-7086

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

J2 Transportation, LLC

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

ARTICLE II – Address:

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

Principal Office Address:

1126 Ponce de Leon Avenue NE

Atlanta, GA 30306

Mailing Address:

1126 Ponce de Leon Avenue NE

Atlanta, GA 30306

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:

Gerald L. Connet Jr.

Name

4961 Park View Drive

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

St. Cloud FL 34771

City, State and Zip

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 appointments 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)

09 MAR 30 PM 2:19
SECRET
DIVISION

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

"MGRM" = Managing Member

Name and Address:

Gerald L Connet Jr
4961 Park View Drive
St. Cloud, FL 34771

Gerald L Connet Jr
4961 Park View Drive
St. Cloud, FL 34771

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:

James J. [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.)

Gerald L. Connet Jr.
Typed or printed name of signee

\$30.00 Certified Copy (Optional)
\$5.00 Certificate of Status (Optional)