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(Requestor's Name)					
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(City/State	e/Zip/Phone #)				
PICK-UP	WAIT MAIL				
, (Bu s iness	s Entity Name)				
(Documer	nt Number)				
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05/07/09--01032--003 **155.00

Effective Date 05/15/09

Office Use Only

T. HAMPTON

MAY 2 2 2009

EXAMINER

COVER LETTER

TO:	Registration Division of C						
SUBJI	ECT:	J.A.[).Y. T	RANS	SIT, LLC		
		Name of Limi					
The en	closed Articles	of Organization and fee(s) are	submit	ted for fil	ing.		
Please	return all corres	spondence concerning this ma	tter to th	e followi	ng:		
		GLE		YOUNG	S, JR		
			Name	oi Person			
		J.A.D		RANSIT	, LLC		
		14 HEMLOCK RADIAL LANE Address					
	OCALA FLORIDA 34472 City/State and Zip Code						
		E-mail address: (to be used		e annual re	port notificati	on)	
For fur	ther information	o concerning this matter, pleas	e call:				
		D. YOUNG, JR	at (352		687-0764	
	Namo	e of Person		Area Co	de & Daytime	Telephone Number	
Enclos	sed is a check t	for the following amount:					
 \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	ertified C	ing Fee & copy opy 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		Registra Divisio Clifton 2661 E	Courier Add ation Section in of Corpora Building xecutive Cer ussee, FL 323	itions iter Circle	



RECEIVED

09 MAY 21 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 15, 2009

GLEN D YOUNG JR 14 HEMLOCK RADIAL LN OCALA, FL 34472

SUBJECT: J.A.D.Y. TRANSIT, LLC Ref. Number: W09000021775

We have received your document for J.A.D.Y. TRANSIT, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 7, 2009. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 309A00016668



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 MAY 14 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 8, 2009

GLEN D YOUNG JR 14 HEMLOCK RADIAL LN OCALA, FL 34472

SUBJECT: J.A.D.Y. TRANSIT, LLC Ref. Number: W09000021775

We have received your document for J.A.D.Y. TRANSIT, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of organization must be prepared in compliance with section 608.407, Florida Statutes. We are enclosing the appropriate forms and instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 509A00015693

Effective Date 05/15/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The name of the Emilian Line and the Company is	
J.A.D.Y. TRANS (Must end with the words "Limited Liability)	SIT, LLC ty Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14 Hemlock Radial Lane Ocala Florida 34472	14 Hemlock Radial Lane Ocala Florida 34472
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Candace Lewis-S	Shashikarshe
Name	
903 NE Osceo	ala Avenue
Florida street address (P.O.	Box NOT acceptable)
Ocala Florida 34470	FL
City, State, an	ıd 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	cocept service of process for the above stated limited his certificate, I hereby accept the appointment as it. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 60% F. STATE TARY OF CORPORATION OF

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Chief Executive Manager	Glen D. Young, Jr. 14 Hemlock Radial Lane Ocala Florida 34472
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the an effective date is listed, the date must b or 90 days after the date of filing.)	e date of filing: 15 MAY 2009 (OPTIONAL) the specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a member	er of an authorized representative of a member.
(In accordance with se	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
	Glen D. Young, Jr.
Ty Filing Fees:	yped or printed name of signee
\$125.00 Filing Fee for Articles of Orga of Registered Agent	nnization and Designation

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