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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

09 NOV 17 AM 8:00

B. KOHR

NOV 18 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JTB Transportation, LLC
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV 17 AM 8:00

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Connie H. Shivers, C.P.

Name of Person

Penson, Duchemin & Davis, P.A.

Firm/Company

2810 Remington Green Circle

Address

Tallahassee, FL 32308

City/State and Zip Code

trkn20@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connie Shivers

Name of Person

at (850) 561-8000

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

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DIVISION OF CORPORATIONS
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ARTICLES OF ORGANIZATION

JTB TRANSPORTATION, LLC

A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is:

JTB TRANSPORTATION, LLC

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

298 Burks Lane
Tallahassee, Florida 32304

4. **Mailing Address.** The mailing address of the limited liability company is:

298 Burks Lane
Tallahassee, Florida 32304

5. **Members at Time of Formation.** The name of each member at the time of formation:

| | |
|-----------------------|-----------------------|
| James W. Boyd | Tonia Boyd |
| 298 Burks Lane | 298 Burks Lane |
| Tallahassee, FL 32304 | Tallahassee, FL 32304 |

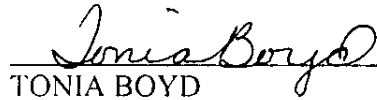
6. **Period of Duration.** The period of duration shall be perpetual.

7. **Management.** Management of the Limited Liability Company at the time of formation is reserved for the managing member(s).

8. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are:

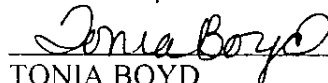
Tonia Boyd
298 Burks Lane
Tallahassee, Florida 32304

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 provisional 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.


TONIA BOYD

9. **Effective Date.** The effective date of the limited liability company shall be:

November 17, 2009


TONIA BOYD
Managing Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)