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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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T. CLINE

MAY 28 2010

EXAMINER

COVER LETTER

TO: Registration Division of C				
SUBJECT:	AJ Tran	Sportedion of Ne ed Ciability Company	ath Florida	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please return all corres	pondence concerning this matt	er to the following:	·	
· 	Antho	my Jefferson		
		Name of Person		
		Firm/Company		
	1620	Arizona sot		
		Address		
	10	Mahasse Fl		
	City	y/State and Zip Code		
	E-mail address: (to be used for	or future annual report notification)		
For further information	concerning this matter, please	call:		
Name	of Person	at () Area Code & Daytime Tele	phone Number	
Enclosed is a check f	or 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 anclosed)	T
	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 C Tallahassee, FL 32301		-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
AJ Transportation of North Florida 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: Mailing Address:
1620 Arizon St Tulkhussee FL 32304 Tulkhussee FL 32304
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: Anthony Tefferson
Name
lb 20 Arizon st hlamser Florida street address (P.O. Box NOT acceptable)
Tallahussee FL 32304 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 appointment 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. Registered Agent' Signature (REQUIRED)
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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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:** Signature of a member or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

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

THE ED

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee