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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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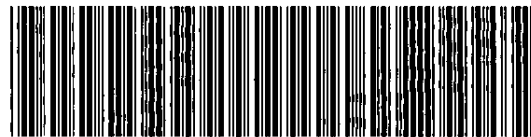
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FILED
10 MAY 28 PM 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 1 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J&M Fleet Services, 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:

James R Cardinal

Name of Person

J&M Fleet Services, LLC

Firm/Company

PO BOX 568798

Address

Orlando, Florida 32856-8798

City/State and Zip Code

jmenterprises640@gmail.com

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

For further information concerning this matter, please call:

James R Cardinal

Name of Person

at (407) 599-3174

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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10 MAY 28 PM 11
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

J&M Fleet Services, 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:

640 Lee Road
Orlando, Florida 32810

Mailing Address:

PO BOX 568798
Orlando, Florida 32856-8798

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:

Howard A. Spiegel

Name

1133 Louisiana Ave. Suite 214

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

Winter Park, FL 32789

City, State, and Zip

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10 MAY 28 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE

5/24/10

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

James R Cardinal

3019 Saratoga Drive

Orlando, Florida 32806

MGRM

William E. Adams

1073 Campbell Street

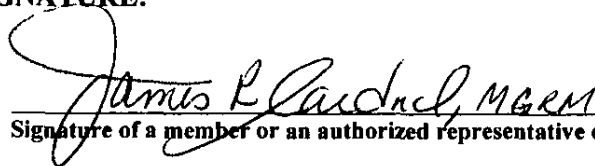
Orlando, Florida 32806

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 24, 2010 (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:


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.)

James R Cardinal

Typed or printed name of signee

FILED
10 MAY 28 PM 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)