

LD 0000062594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

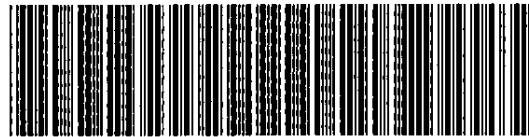
Special Instructions to Filing Officer:

G. MCLEOD

Office Use Only

JUN 11 2010

EXAMINER



500181895505

06/10/10--01025--030 **125.00

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10 JUN 10 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PBS

PBS TAX & BOOKKEEPING SERVICE

HOWARD R. ABRAMS

TRUCKING SPECIALISTS
BOOKKEEPING • INCOME TAX • FINANCIAL CONSULTANTS

18757 BURBANK BOULEVARD, SUITE 216

TARZANA, CALIFORNIA 91356

TEL: (818) 776-0606

(800) 697-5153

FAX: (818) 776-9094

E-MAIL: bhpbsepa@pacbell.net

www.pbstax.com

June 9, 2010

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Articles of Incorporation Filing

Dear Corporation Commission:

Enclosed please find Articles of Incorporation for JUST RIDING AROUND LLC and a check for the \$125.00 required filing fee.

If there are any questions regarding this filing please contact:

Howard Abrams
PBS Tax & Bookkeeping Service
(800) 697-5153

Enclosed is a Federal Express letter pack for returning the FILED Articles of Incorporation. Articles of Incorporation should be returned to:

Howard Abrams
PBS Tax & Bookkeeping Service
18757 Burbank Blvd., Suite 216
Tarzana, CA 91365

Thank you in advance for your consideration.

Cordially,



Howard Abrams
PBS Tax & Bookkeeping Service
Encl.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Just Riding Around 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:

Howard Abrams

Name of Person

PBS Tax & Bookkeeping Service

Firm/Company

18757 Burbank Blvd Suite #216

Address

Tarzana, CA 91356

City/State and Zip Code

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

For further information concerning this matter, please call:

James Akey

Name of Person

at (904)

610-1150

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Just Riding Around 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:

6221 Little Lake Geneva Rd

Keystone Heights, FL 32656

Mailing Address:

6221 Little Lake Geneva Rd

Keystone Heights, FL 32656

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:

James Akey

Name

6221 Little Lake Geneva Rd

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

Keystone Heights,

FL

32656

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.S.

 904-610-1150
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

MGR

Name and Address:

James Akey

6221 Little Lake Geneva Rd

Keystone Heights, FL 32886

(Use attachment if necessary)

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:

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 Akey

Typed or printed name of signee**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)