LI0000103857

(Requestor's Name)
(Address)
(Address)
(Address)
·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(acomoco ama, rame,
_
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



600185338636

10/04/10--01029--025 **130.00



C. LEWIS

OCT 5 2010

EXAMMER

COVER LETTER

TO: Registration S Division of Co		A .	€ ,	
SURIECT: J.M.A	.C. Trucking LLC			•
		ed Liability Cor	пралу	
The enclosed Articles of	of Organization and fee(s) are	submitted for fi	ling.	
Please return all corresp	oondence concerning this mat	ter to the follow	ing:	
Joseph L	ee Cannon Jr.			
		Name of Person		
J.M.A.C.	Trucking LLC			
		Firm/Company		
1501 Virg	ginia Ave			
		Address		
Lynn Have	n, Fl. 32444			
	Cit	y/State and Zip C	ode	
countryboy	will33@aol.com			
For further information	E-mail address: (to be used to concerning this matter, please		epon nouncation	,
Tortulation	concorning and matter; prease	v oan.		
Amanda Jean C	annon	at (850	630-959	1
Name	of Person		ode & Daytime To	elephone Number
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified (ling 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	Regist Division Cliftor 2661 I	Courier Address ration Section on of Corporation Building Executive Center assee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

J.M.A.C Trucking LLC					
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address:					
The mailing address and street address of	the principal office of the Limited Liability Compan	y is:			
Principal Office Address:	Mailing Address:				
1501 Virginia Ave	1501 Virginia Ave				
- مراجع المراجع والمراجع المراجع المراجع المراجع المراجع والمراجع والمراجع المراجع المراجع والمراجع والمراجع وا	Lynn Haven, Fl. 32444				
ARTICLE III - Registered Agent, Regi	Lynn Haven, Fl. 32444 stered Office, & Registered Agent's Signature:				
ARTICLE III - Registered Agent, Regi	Stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another				
(The Limited Liability Company cannot serve as its ow	Stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another				
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	Stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another				
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another of the registered agent are: Onnon Name				
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another of the registered agent are: Onnon Name Ave				
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Amanda Jean Ca 1501 Virginia	Stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another of the registered agent are: Onnon Name Ave				
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Amanda Jean Ca 1501 Virginia	Stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another of the registered agent are: Onnon Name				

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..

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Amanda Jean Cannon
	1501 Virginia Ave.
	Lynn Haven, Fl. 32444
(Use attachment if necessary)	

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Amanda Jean Cannon

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)