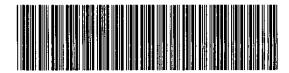
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SECRETARY OF STATE ON SECRETARY OF CORPORATIONS

T. HAMPTON

EXAMINER

#### **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: Old City Transportation	n, LLC					
Name of Limit	ted Liability Company					
The enclosed Articles of Organization and fee(s) are	submitted for filing.					
Please return all correspondence concerning this mat	tter to the following:					
Brian L. Jacobs, Sr.						
	Name of Person					
Old City Transportation, L						
	Firm/Company					
2916 Race Track Road						
	Address					
St. Augustine, FL 32084	4./S					
brianljacobs@msn.com	ty/State and Zip Code					
E-mail address: (to be used	for future annual report notification)					
For further information concerning this matter, pleas	ee call:					
Brian L. Jacobs, Sr.	at ( 904 ) 824-8154					
Name of Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:						
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 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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## Effective Date 2 1 / 11

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

#### Old City Transportation, 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:** 

2916 Race Track Road

St. Augustine, FL 32084

2916 Race Track Road St. Augustine, FL 32084

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:

Brandon D. Beardsley

Name

3940 Lewis Speedway, Suite 2103

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

St. Augustine, FL

FL 32084

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..

Registered Agent's St

(REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS

### 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

MGRM

Brian L. Jacobs, Sr.
2916 Race Track Road
St. Augustine, FL 32084

Michael D. Owens, Sr.
4035 Grande Vista Blvd., Apt. 105
St. Augustine, FL 32084

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 1, 2011 . (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. 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.)

Brian L. Jacobs, Sr.

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)