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T. CLINE

FEB - 1 2011

EXAMINER

COVER LETTER

	tration Section on of Corporations		
SUBJECT:	J&J TRANSPORTION	SERVICE	
	Name of Limited	Liability Company	
The enclosed A	articles of Organization and fee(s) are su	abmitted for filing.	
Please return al	ll correspondence concerning this matter	r to the following:	
VAL	ENTIN J. TERMILIEN	JR Name of Person	
POL	ITEKGROUP INC		
	I	Firm/Company	
2220	0 NW 44TH AVE		
		Address	
LAUD	DERHILL, FL 33313		
DOL 13		State and Zip Code	
POLIT	TEKGROUP@GMAIL.COM E-mail address: (to be used for	r future annual report notification)	
For further information concerning this matter, please call:			ZOI SEI
VALENTIN	I J TERMILIEN JR	at (954) 588-0908	AHANAY ber SSEN
	Name of Person	Area Code & Daytime Telephone Num	ber SSA
Enclosed is a	check for the following amount:		PH PH
√ \$125.00 Filing	Fee \$\int_\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Status &
	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:

J&J TRANSPORTION SERVICE 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:
JOSGENS JUSTIN	5755 NW 58TH AVE SUITE I212
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the revenue of the results	egistered agent are:
Name	
2220 NW 44TH A	
Florida street addr	ress (P.O. Box NOT acceptable)
LAUDERHILL	_{FL} 33313 중 응
City, Stat	te, 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 Signature (REQUIRED)

(CONTINUED)

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	JOSGENS JUSTIN
	5755 NW 58TH AVE SUITE 1212 TAMARAC, FL 33319-2337
	
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(Use attachment if necessary)	
RTICLE V: Effective date, if other than the da f an effective date is listed, the date must be s	ate of filing: (OPTIONAL) pecific and cannot be more than five business days prior
or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	Control of the contro
Signature	r an authorized representative of a member.
(In accordance with section 608.40 constitutes an affirmation under the	08(3), Florida Statutes, the execution of this document be penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State
<u>JosGens</u>	Justin

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)