

L130000018165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600244211456

02/04/13--01009--009 **125.00

FEB - 5 2013

T CLINE

2013 FEB - 4 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J. GEORGE'S TRANSPORT, 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:

JUDY A. GEORGE

Name of Person

GEORGE'S TRANSPORT, LLC.

Firm/Company

7005 MOTTIE ROAD

Address

GIBSONTOWN, FL. 33534

City/State and Zip Code

TCPA@TAMPABAY.RR.COM

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

For further information concerning this matter, please call:

JUDY A. GEORGE

Name of Person

at 813

Area Code & Daytime Telephone Number

846-4032

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2013 FEB -4 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ORIGINAL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

J. GEORGE'S TRANSPORT, 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:

7005 MOTTIE ROAD
GIBSONTON, FL. 33534

Mailing Address:

P.O. BOX 420
GIBSONTON, FL. 33534

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:

JUDY A. GEORGE

Name

7005 MOTTIE ROAD

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

GIBSONTON FL 33534

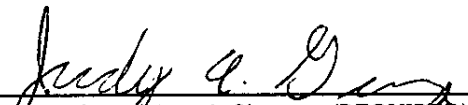
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 FEB -4 AM 11:18

FILED

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)

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:

MRGM

JUDY A. GEORGE

7005 MOTTIE ROAD

GIBSONTOWN, FL. 33534

(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. 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.)

JUDY A. GEORGE

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)

2013 FEB 13 AM 11:13
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA