L/4000012748

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
MAIL WAIT MAIL
/
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
JAN 2 4 2019
A LUNIT
A TOME

Office Use Only



600254345926

01/17/14--01002--014 **125.00

RECEIVED
14 JAN 16 PH 4: 06
WESTER OF CONTROL

2014 JULY 23 MINO 56

WHOLE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

			_			ယ
A & F TRUCKING	LLC		_			
			_			ख्या) स्मान
			1		•	
	 		-			_
				Art of Inc. File	_	
				LTD Partnership File		
				Foreign Corp. File		
				L.C. File		
,				Fictitious Name File		
			1	Trade/Service Mark		
				Merger File		
				Art. of Amend. File		
				RA Resignation		
				Dissolution / Withdrawal		_
				Annual Report / Reinstatement		
				Cert. Copy		
				Photo Copy		
				Certificate of Good Standing_		
				Certificate of Status		
				Certificate of Fictitious Name_		
				Corp Record Search		
				Officer Search		
	·			Fictitious Search		
Signature				Fictitious Owner Search	<u> </u>	_
o.gacure				Vehicle Search		
			-	Driving Record		
Requested by: SETH				UCC 1 or 3 File		
				UCC 11 Search		
Name	Date	Time		UCC 11 Retrieval		
Walk-In	Will Pick Up	**************************************		Courier	_	



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 17, 2014

CAPITAL CONNECTION, INC.

SUBJECT: A & F TRUCKING LLC. Ref. Number: W14000003534

We have received your document for A & F TRUCKING LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 16, 2014. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 214A00001207

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	e;		
The name of the Lim	nited Liability Company is:		2
A & F TRUCKING LLC.			Mary 1986
	(Must end with the words "	'Limited Liability Company, "L.L.C.," or	"LLC:"): G
ARTICLE II - Add		ncipal office of the Limited Liability Con	many ion
the maning address	and succe address of the bu	merparionnee of the Emitted Elability Con	ipany is, 🛴
Principal Office Ad	ldress:	Mailing Address:	
13912 LEM TURNER RD		13912 LEM TURNER RD	
JACKSONVILLE		JACKSONVILLE	
FLORIDA 32218		FLORIDA, 32218	
The name and the FI	orida street address of the re	egistered agent are:	
	KENNETH BROWN	Name	
		Name	
	13912 LEM TURNER RD		
	Florida street address (I	P.O. Box <u>NOT</u> acceptable)	
	JACKSONVILLE	FL 32218	
	City	Zip	
		٠.,	

(CONTINUED)

Page 1 of 2

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	KENNETH BROWN	r *1	F-53
	13912 LEM TURNER RD	_ }************************************	
	JACKSONVILLE, 32218		Ĺ
•			1,14
		_ + /	1/2
· · · · · · · · · · · · · · · · · · ·		(Ç.J
		r-iu.	The same
		77	
		(g) - 44 °	1
		200 A	<u> </u>
		** ,	
(Use attachment if necessary) EV: Effective date, if other than the dective date is listed, the date must be	ate of filing:	. (OPTION	NAL)
E V: Effective date, if other than the discrive date is listed, the date must be f filing.) E VI: Other provisions, if any.	ate of filing:specific and cannot be more than five busi	. (OPTION	NAL)
E V: Effective date, if other than the dective date is listed, the date must be filling.) E VI: Other provisions, if any.	ate of filing:	(OPTION ness days pri	NAL)
E V: Effective date, if other than the dective date is listed, the date must be filling.) E VI: Other provisions, if any.	ate of filing:specific and cannot be more than five busi	(OPTION ness days pri	NAL)
E V: Effective date, if other than the dective date is listed, the date must be filling.) E VI: Other provisions, if any.	ate of filing:specific and cannot be more than five busi	(OPTION ness days pri	NAL)
E V: Effective date, if other than the dective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation am aware that any false)	member or an authorized representative on 605.0203 (1) (b), Florida Statutes, the exe information submitted in a document to the	(OPTION ness days pri	NAL) or to or 9
EV: Effective date, if other than the dective date is listed, the date must be filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation am aware that any false)	specific and cannot be more than five busing member or an authorized representative on 605.0203 (1) (b), Florida Statutes, the expression of the penalties of periory that the facts	(OPTION ness days pri	NAL) or to or 9
EV: Effective date, if other than the dective date is listed, the date must be filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	member or an authorized representative on 605.0203 (1) (b), Florida Statutes, the exercise information submitted in a document to the efelony as provided for in s.817.155, F.S.)	(OPTION ness days pri	NAL) or to or 9
E V: Effective date, if other than the dective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation am aware that any false)	member or an authorized representative on 605.0203 (1) (b), Florida Statutes, the exe information submitted in a document to the efelony as provided for in s.817.155, F.S.)	(OPTION ness days pri	NAL) or to or 9
E V: Effective date, if other than the discrive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	member or an authorized representative on 605.0203 (1) (b), Florida Statutes, the exercise information submitted in a document to the efelony as provided for in s.817.155, F.S.)	(OPTION ness days pri	NAL) or to or 9