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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: Jahdo Transport and Logistics LLC Name of Limited Liability Company
The en	nclosed Articles of Organization and fee(s) are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	Everett Eugene Sesler Name of Person
	Jahdo Transport and Logistics LLC Firm/Company
	1076 Piercewood Point Address
	Brooksville, Florida 34602 City/State and Zip Code
n.	narysesler27@att.net E-mail address: (to be used for future annual report notification)
For fu	arther information concerning this matter, please call:
Evere	ett E. Sesier at (352) 799-5588 Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
□ \$125.0	00 Filing Fee Status Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) \$130.00 Filing Fee & Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section

EDIVISION 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	y is:		
Jahdo Transport and Logistics LLC (Must end with the wo	ords "Limited Liability Compan	ıy, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limite	d Liability Company is:	
Principal Office Address:	Mailing Addr	ess:	
1076 Piercewood Point Brooksville, Florida 34602	1076 Piercey Brooksville, F	vood Point Florida 34602	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot ser another business entity with an active Flori	rve as its own Registered Agent ida registration.)		idividual or
The name and the Florida street address of			
Everett Eugene S	Sesler Name		
1076 Piercewood Florida street addr	I Point ress (P.O. Box <u>NOT</u> acceptable)	
Brooksville	FL 34602		
C	City Z	Cip	
Having been named as registered agent and the place designated in this certificate, I capacity. I further agree to comply with the of my duties, and I am familiar with and	hereby accept the appointment he provisions of all statutes rela	as registered agent and ag ting to the proper and com	ree to act in this plete performance
Registered A	Agent's Signature (REQUIRED	isle	14 JUL
	(CONTINUED)	* 2 -{	2
	Page 1 of 2		AH 9: 57

Use attachment if necessary) E. V: Effective date, if other than the date of filing: 08/30/2014 (OPTION Citive date is listed, the date must be specific and cannot be more than five business days profit filing.) E. VI: Other provisions, if any. E. VI: Other provisions of a member or ap authorized representative of a member (In accordance with section 608.0297 (V. 6), Florida Slatutes, the execution of this of constitutes an affirmation under the penalties of perjury that the facts stated herein ar I am aware that any false information submitted in a document to the Department of constitutes a third degree felony as provided for in s.817.155, F.S.) Everett Eugene Sesier Typed or printed name of signee	Mary Frances Sesler 1076 Piercewood Brooksville, Florida 34602 Disc attachment if necessary) V: Effective date, if other than the date of filing: 08/30/2014 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or application of the date of the 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.) Everalt Funenc Sesler	<u>l'itle:</u>	Name and Address:
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