

L14 0001202A5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

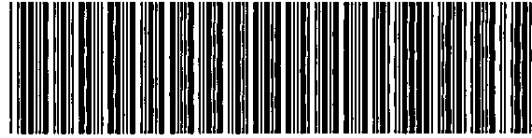
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/31/14--01010--003 \*\*155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 JUL 31 PM 1:09

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: La Jit Trucking, 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:

Len Yanke  
Name of Person

Polk County Document Services  
Firm/Company

PO Box 925  
Address

Polk City, Florida 33868-0925  
City/State and Zip Code

polkcountydocumentservices@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Len Yanke at ( 863 ) 422-2736  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee       \$130.00 Filing Fee & Certificate of Status       \$155.00 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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

La Jit Trucking L.L.C.

(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:**

4337 East Lake Buffum Road  
Ft. Meade, Florida 33841

PO Box 5190  
Haines City, Florida 33845-5190

**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:

Curtis Lee Faniel  
Name

4337 East Lake Buffum Road  
Florida street address (P.O. Box **NOT** acceptable)

Ft. Meade                      FL 33841  
City                                      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 605, F.S.*

*Curtis Lee Faniel*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 JUL 31 PM 1:09  
STATE OF FLORIDA  
HALL COUNTY  
TALLAHASSEE

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Curtis Lee Faniel

4337 East Lake Buffum Road

Ft. Meade, Fl. 33841

AMBR

Gina L. Flinton

4337 East Lake Buffum Road

Ft. Meade, Fl. 33841

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(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.)

**ARTICLE VI:** Other provisions, if any.

None

**REQUIRED SIGNATURE:**

*Curtis Lee Faniel*

**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

Curtis Lee Faniel

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)**

17 JUL 31 PM 1:09  
STATE OF FLORIDA  
DEPARTMENT OF STATE