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2014 SEP 11 PM 1: 49
SECRETARY OF STATE
SECRETARY SEE, FLORED.

SEP 24 2014

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WH-30994

COVER LETTER

TO:

Registration Section

Division of Corporations			
•		`~	
SUBJECT: J.I.T. EXPRESS SHIPPING, LLC			
	nited Liability Company		
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
. Tours tourn an our copulation contenting and in	atter to the following.		
MELVERN BOWE			
	Name of Person	<u> </u>	
J.I.T. EXPRESS SHIPPING, LLC			
	Firm/Company		
			•
1964 TIGER TAIL BLVD., BUILDIN	IG 10	Tien C	<u>3</u>
	Address	EQ 7	
			A. ~
DAVIE, FLORIDA 33004			= 5
C	ity/State and Zip Code	mix mix	
MEGBOWE@YAHOO.COM		77	64:1 Hd
E-mail address: (to be use	d for future annual report notifica	tion)	
For further information concerning this matter, plea	ase call:	<u> </u>	<u>ت</u>
MELVERN BOWE at (352) 615-5211		
Name of Person		ephone Number	
Enclosed is a check for the following amount:			
□ \$125.00 Filing Fee	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	i)
Mailing Address Registration Section	Street/Courier Adda Registration Section	<u>ress</u>	
Division of Corporations	Division of Corporat	ions	
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Cent	er Circle	

PLEASE REFER TO LETTER NUMBER: 614A00010525

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

J.I.T. EXPRESS SHIPPING, LLC			
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1964 TIGER TAIL BLVD. BUILDING 10 DAVIE, FLORIDA 33004	9931 SW 14 STREET PEMBROKE PINES FLORIDA 33025	_ _ _	
The name and the Florida street address of the registered MELVERN BOWE		.	
Name	e m		
9931 SW 14 STREET		·	3.4
Florida street address (P.O. Bo	ox NOT acceptable)		PANT PERT
PEMBROKE PINES.	FL 33025		
City	Zip		
Having been named as registered agent and to accept so the place designated in this certificate, I hereby accepacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the or Chap Registered Agent's Sign	ept the appointment as registered agent and agress of all statutes relating to the proper and complete bligations of my position as registered agent as paper 605, F.S	e to aci This ete performance	**************************************

Page 1 of 2

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	DWIGHT C TROTMAN
	9931 SW 14 ST, PEMBROKE PINES, FL
AMBR	JAMIE BASTIAN
	9931 SW 14 ST., PEMBROKE PINES FL
AMDD	JOMEL BARR
AMBR	9931 SW 14 ST, PEMBROKE PINES, FL
MGR	MELVERN BOWE 9931 SW 14 ST, PEMBROKE PINES. FL
	9931 344 14 31, PEMBRONE PHAES. PL
(Use attachment if necessary)	of filing: (OPTIONAL)
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.)	ecific and cannot be more than five business days prior to or 90 da
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LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
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