L14000159345

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PICK-UP	WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
<i>x</i>)	Office Use On	ily		



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09/17/14--01013--006 **70.00

600264243036 08/06/14--01022--001 **50.00

08/06/14--01022--002 **10.00

EFFECTIVE DATE

14 SEP 17 PH 2: 21

OCT 1 3 2014
T. BROWN

COVER LETTER

· · · · · · · · · · · · · · · · · · ·					
TO: Registration Section Division of Corporations					
SUBJECT: J&A Freight lines 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:					
Jackie Andryar Name of Person					
Name of Person					
Firm/Company					
7829 Stratford Blvd.					
Address					
City/State and Zip Code Sweet And war 407 @ aul. com E-mail address (to be used for future annual report notification)					
City/State and Zip Code					
5WeetAndwar 407 @ all. com E-mail address (to be used for future annual report notification)					
For further information concerning this matter, please call:					
· · · · · · · · · · · · · · · · · · ·					
Name of Person at (321) 558-4297 Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$125.00 Filing Fee \$\frac{1}{125.00}\$					

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



September 30, 2014

JACKIE ANDUJAR 7829 STRATFORD BLVD ORLANDO, FL 32807

SUBJECT: J & A FREIGHT LINES LLC

Ref. Number: W14000059620

We have received your document for J & A FREIGHT LINES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Letter Number: 114A00020887

Teresa Brown Regulatory Specialist II

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY				
ARTICLE I - Name: The name of the Limited Liability Company is:				
JAA Freight	lines LLC 👼 3 0			
(Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
7829 Stratford Blud Mando FL 32807	7829 Strafford Blvd Mando Fl 32807			

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:

Name

Name

Name

Name

Name

Name

Nod Blod

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

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.

Rogistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

The	e name and address of	f each person authorized	to manage and control the Limited Liability Company:
	<u>le:</u> MBR" = Authorized I GR" = Manager	Member	Name and Address:
	4mBil		JACVIE Andyar 7829 Stratford Blvd Orlando FL 32807
	4MBR		Adalberto Andino 7829 Stratford Blvd Orlando Fl 32807
•	se attachment if neces	* ·	
ARTICLE V (If an effecti the date of fi	ve date is listed, the o	her than the date of filing: date must be specific and	Sept. 18, 2014. (OPTIONAL) d cannot be more than five business days prior to or 90 days after
ARTICLE V	71: Other provisions, if	any.	
RE	QUIRED SIGNATU	JRE:	
		Jack	i Comme
	Sig (In accordance	mature of a member or	an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document
	constitutes an a	affirmation under the pen	alties of perjury that the facts stated herein are true.
			sbmitted in a document to the Department of State

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)