## L15000018986

	(Requestor's Name)	
	(Address)	
	(Address)	
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PICK-UF	P WAIT	MAIL
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: J.C Loads, LLC.	f Limited Liability Company	
	Nume of	Elimica Elability Company	
The en	closed Articles of Organization and fee(	(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to the following:	
	Maria C. Ridriguez		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	J.C Loads, L.LC.	T' /O	
		Firm/Company	
	1335 SW. 102 place		
		Address	· · · · · · · · · · · · · · · · · · ·
The state of the s	Miami FL. 33174		
		City/State and Zip Code	
CE	aminodesperanza2@hotmail.com		
	E-mail address: (to be	used for future annual report notific	ation)
For fur	ther information concerning this matter,	please call:	
Onel .		at (305 ) 606-0105	
	Name of Person	Area Code Daytime Te	lephone Number
Englos	ed is a check for the faller.		
_	ed is a check for the following amount:	-	
<b>□</b> \$125.0	0 Filing Fee		S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Add	rece
	Registration Section	Registration Section	- <del></del>
	Division of Cornorations	Division of Corners	tions

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 Limit	ted Liability Company is:				
J. C Loads, L.L.C.					
	Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Addre The mailing address a		l office of the Limited Liability Company is:			
Principal Office Add	ress:	Mailing Address:			
1335 SW. 102 place Miami FL. 33174	<u> </u>	1335 SW. 102 place Miami FL. 33174	<del></del>		
(The Limited Liability another business entit		,	ividual or	2015 JAN	~11
	Nai	me	芸芸	2	
	1335 SW. 102 Place		器型の		LED
	Florida street address (P.O. B	Box NOT acceptable)	S.E.S.	==	O
	Miami .	FL 33174		W 10: 09	
	City	Zip	I- (11)	9	
the place designate capacity. I further a	ed in this certificate, I hereby acc igree to comply with the provision am familiar with and accept the Ch	service of process for the above stated limited liancept the appointment as registered agent and agreens of all statutes relating to the proper and complete obligations of my position as registered agent as papter 605, F.S	e to act in ete perfor	n this rmance	

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(CONTINUED)

Title: "AMBR" = Authorized "MGR" = Manager			
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ffective date is listed, the	er than the date of filing:ate must be specific and cannot be more than fi	(OPTIONAL) ve business days prior to or 90 d	ays
LE V: Effective date, if of fective date is listed, the of filing.)  LE VI: Other provisions, in	er than the date of filing:ate must be specific and cannot be more than fi	ve business days prior to or 90 d	ays
LE V: Effective date, if of fective date is listed, the e of filing.)  LE VI: Other provisions, in	ner than the date of filing:  ate must be specific and cannot be more than fi  any.	ve business days prior to or 90 d	
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LE V: Effective date, if of Mective date is listed, the e of filing.)  LE VI: Other provisions, i	any.  RE:  nature of a member or an authorized represent with section 605.0203 (1) (b), Florida Statutes, the firmation under the penalties of perjury that the fany false information submitted in a document to	tative of a member. e execution of this document acts stated herein are true. the Department of State	2013 377

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