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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
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J. BRUCE

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: AJC and Sons 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:

# Ahmad J. Compton

Name of Person

# AJC and Sons Trucking, LLC

Firm/Company

### 303 Kenwood Ave

Address

## Nokomis, FL 34275

City/State and Zip Code

### shabazz baz1@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ahmad J. Compton

845

326-0391

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)

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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:			
AJC and Sons Trucking, LLC	······································		
(Must end with the words "Limited Liabil	lity Company, "L.L.C.,, or "LLC.,,)		
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company	is:	
Principal Office Address:	Mailing Address:		
303 Kenwood Ave	14 Lisbon Street Unit B		
Nokomis , FL 34275	Hartford, CT 06106		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the r  Ahmad J. Compton	tered Agent. You must designate an individual or another		
Name	<del></del>		
303 Kenwood Ave			
	dress (P.O. Box NOT acceptable)		
Nokomis , FL 34275	<del></del>		
·	FL ate, and Zip		
liability company at the place designated in t registered agent and agree to act in this capac all statutes relating to the proper and complet	accept service of process for the above stated limithis certificate, I hereby accept the appointment active. I further agree to comply with the provisions te performance of my duties, and I am familiar with the gent as provided for in Chapter 608, F.	s of th	
	1-13-14		
Registered Agent's Signat	ture (REQUIRED)		
(CONTIN	盖, 用	244 250 C	
Page 1 of 2	PH 2: 59	, A. S.	

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGR	Ahmad J. Compton	
- INOIN	303 Kenwood Ave	
	Nokomis , FL 34275	
	**************************************	
	W450-4W4500-100-11-1	
	n the date of filing: (OPTIONA)	
CLE V: Effective date, if other than	nust be specific and cannot be more than five busines	
CLE V: Effective date, if other than effective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE:	nust be specific and cannot be more than five busines	
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\$ 5.00 Certificate of Status (Optional)