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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : MENDEZ ACCOUNTAX SERVICES, CORP
Account Number : 120060000145
Phone : (305)769-4936
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**FLORIDA LIMITED LIABILITY CO.
J.M.C. TRUCKING SERVICES, LLC.**

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June 9, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MENDEZ ACCOUNTAX SERVICES, CORP

SUBJECT: J.M.C. TRUCKING, LLC.
REF: W15000039740

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P03000027708 (J M C TRUCKING, INC.).

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) 245-6052.

Ferris J. Schroeder
Regulatory Specialist II

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TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

J.M.C. TRUCKING SERVICES, LLC.

ARTICLE II- Address:

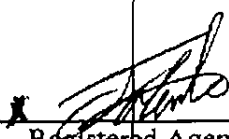
The mailing address and street address of the principal office of the Limited Liability Company is: **215 W 32 ST, HIALEAH FL 33012**

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

**JACINTO M. CARBONELL
215 W 32 ST
HIALEAH, FL 33012**

Having been named as registered agent and to accept service of process for the above stated limited liability company at 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.



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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ARTICLE IV:

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

Title:

AMBR

Name and Address:

JACINTO M. CARBONELL
215 W 32 ST
HIALEAH, FL 33012



Signature of 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.)

JACINTO M. CARBONELL

Typed or printed name of signee.

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