

LI 5000 110993

(Requestor's Name)

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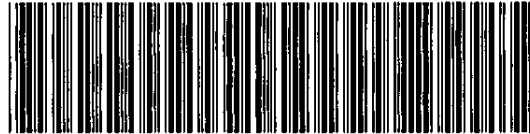
(Business Entity Name)

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TALLAHASSEE, FLORIDA

2144



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2015

SANTOS MARTINEZ
7241 OLD KINGS RD S
JACKSONVILLE, FL 32217

SUBJECT: JONATHAN'S TRANSPORTATION L.L.C.
Ref. Number: W15000034625

We have received your document for JONATHAN'S TRANSPORTATION L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 715A00010250

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JONATHAN'S TRANSPORTATION, L L C.
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:

SANTOS M. MARTINEZ

Name of Person

JONATHAN'S TRANSPORTATION, L.L.C.

Firm/Company

7241 OLD KINGS RD S

Address

JACKSONVILLE, FL 32217

City/State and Zip Code

zaidaccountablesolution@hotmail.com

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

For further information concerning this matter, please call:

SANTOS M. MARTINEZ 609 271.4331
____ at (____) _____
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)

Mailing Address

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

Street 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:

JONATHAN'S ALEXIS TRANSPORTATION, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

7241 OLD KINGS RD S APT NO. 1508
JACKSONVILLE, FL 32217

Mailing Address:

7241 OLD KINGS RD S APT NO. 1508
JACKSONVILLE, FL 32217

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:

SANTOS M. MARTINEZ

Name

7241 OLD KINGS RD S APT NO. 1508

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

<u>JACKSONVILLE</u>	<u>FL</u>	<u>32217</u>
City	State	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.

Santos M. Martinez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

JULIO CASTILLO

241 OLD KINGS RD S APT NO 1508

JACKSONVILLE, FL 32217

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Santos Martinez

Signature of a 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.)

SANTOS M. MARTINEZ

Typed or printed name of signee

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)

15 JUN 2008 PM 12:58
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA