

LIS000111237

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(Business Entity Name)

(Document Number)

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WIS-43201

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JPS Trucking Company 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:

PAUL A. SPENCE
Name of Person

JPS Trucking Company LLC
Firm/Company

11024 Royal County Drive South
Address

Jacksonville, FL 32221-1044
City/State and Zip Code

ips73jam@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline Spence at (408) 674-0778
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/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2015

PAUL A. SPENCE
11024 ROYAL COUNTY DR S
JACKSONVILLE, FL 32221-1044

~~TRANSPORT~~
SUBJECT: ~~JRS. TRUCKING COMPANY LLC~~
Ref. Number: W15000043201

JPS TRANSPORT LLC

We have received your document for JPS TRUCKING COMPANY LLC and your check(s) totaling \$160.00. 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 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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 015A00013220

Just PLEASE CORRECT THE NAME TO READ
JPS TRANSPORT LLC

Just

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~TRANSPORTATION~~ *Phil* JPS TRANSPORT LLC
~~JPS Trucking Company 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:

11024 Royal County Drive South
Jacksonville, FL 32221-1044

Mailing Address:

11024 Royal County Drive South
Jacksonville, FL 32221-1044

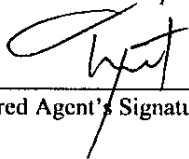
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Jacqueline Morant Spence
Name
11024 Royal County Drive South
Florida street address (P.O. Box **NOT** acceptable)
Jacksonville FL 32221-1044
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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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:

Paul A Spence

11024 Royal County Drive South

Jacksonville, FL 32221-1044

MGR

Jacqueline M Spence

11024 Royal County Drive South

Jacksonville, FL 32221-1044

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.)

Jacqueline Morant Spence

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)

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