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SECRETARY OF STATE TALLAHASSAFE FI DAIL

COVER LETTER

	Registration Section Division of Corporations			Ŧ
CUDIECT	Jones Diesel and Marine LLC			
SUBJECT		of Limited Liabili	ty Company	
The enclos	sed Articles of Organization and fee	(s) are submitted	for filing.	
Please retu	urn all correspondence concerning the	his matter to the fo	ollowing:	
	Joshua W Jones			
	· · · · · · · · · · · · · · · · · · ·	Name of	Person	
	Jones Diesel and Marine LLC			
	, , , , , , , , , , , , , , , , , , , 	Firm/Cor	npany	
	135 Jenkins Street Suite 105B-17	5		
		Addre	ess	
	Saint Augustine, FL 32086			
	josh.jdam@gmail.com	City/State and	l Zip Code	
	E-mail address: (to be	used for future a	nual report notifica	tion)
For further i	information concerning this matter,	please call:		
	Joshua W Jones	904 at (806-7840	
	Name of Person	Area Code	Daytime Telephor	ne Number
Enclosed i	s a check for the following amount:			
\$125.00 F	iling Fee \$130.00 Filing Fee Certificate of State	us LLCertifie	O Filing Fee & d Copy Is copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICL	E I	- N	lame:

ARTICLE II - Address:

				•
ARTICLES OF	ORGANIZATION FOR	FLORIDA LIM	ITED LIABILITY CO	TALLAHAM PHIZ: 43
ARTICLE I - Name:				10/5 SED - CC
The name of the Limited Liability	y Company is:			28 Ph
				ALLAKTAN 12:42
Jones Diesel and Mar				73000
(Must end v	vith the words "Limited	d Liability Con	npany, "L.L.C.," or "	LLC.")
ARTICLE II - Address:				T/One
The mailing address and street ad	dress of the principal o	office of the Li	mited Liability Comp	
Dainaina	J Office Addresse		Mai	line Adduses
Rinens	l Office Address:		IAIAI	ling Address:
135 Jenkins Street Su			135 Jenkins Street S	
Saint Augustine, FL	32086		Saint Augustine, FI	. 32086
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered A		
The name and the Florida street a	ddress of the registered	d agent are:		
	Joshua W Jones			
		Name		· · · · · · · ·
	25 Blakemore Drive			
	Florida street addres	s (P.O. Box N	OT acceptable)	
	Palm Coast	Florida	3213	7
	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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Joshua W Jones
AMDK	25 Blakemore Drive
	Palm Coast, FL 32137
	Tunii Count, I D 32137
ective date is listed, the date must be s of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 or
EV: Effective date, if other than the da fective date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not l
LEV: Effective date, if other than the datective date is listed, the date must be sof filing.) If the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not l
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EV: Effective date, if other than the date ctive date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a receiver date.	meet the applicable statutory filing requirements, this date will not be to of State's records.
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LE V: Effective date, if other than the date ctive date is listed, the date must be so of filing.) If the date inserted in this block does not ment's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a real this document is exect I am aware that any fall.	meet the applicable statutory filing requirements, this date will not be to of State's records. The property of an authorized representative of a member. The property of the statutory filing requirements and the statutes of a member. The property of the statutes of the provided for in s.817.155, F.S.