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T. SCOTT



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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Jor-Ben Transport LLC		
SOBILO		of Limited Liab	ility Company
The enclo	sed Articles of Organization and fe	e(s) are submitte	d for filing.
Please ret	urn all correspondence concerning t	his matter to the	following:
	Bruce J. Borland		
		Name o	of Person
		Firm/C	ompany
	6703 NW 27th BLVD		
		Ada	iress
	Jennings, FL 32053		
	bruceborland@gmail.com	City/State a	nd Zip Code
	E-mail address: (to b	e used for future	annual report notification)
For further	information concerning this matter,	please call:	
	Bruce J. Borland	386 at (846-0362
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount	:	
\$125.00 [Filing Fee \$130.00 Filing Fe Certificate of Stat	us L—Certi	.00 Filing Fee & S160.00 Filing Fee. Gertificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		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 Liabil	ity Company is:		
Jor-Ben Transport L	.LC		
		ted Liability Company, "	'L.L.C.," or "LLC.")
		• • • • • • • • • • • • • • • • • • • •	,
ARTICLE II - Address:			
The mailing address and street a	address of the principa	l office of the Limited Li	iability Company is:
Princis	oal Office Address:		Mailing Address:
6703 NW 27th BLV			NW 27th BLVD
Jennings, FL 32053		<u>Jennin</u>	gs, FL 32053
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	y cannot serve as its or	wn Registered Agent. Yo	s Signature: ou must designate an individual or
The name and the Florida street	address of the registe	red agent are:	
	Bruce J. Borland		
		Name	
	6703 NW 27th BL	.VD	
	Florida street addi	ress (P.O. Box NOT acc	eptable)
	Jennings	Florida	32053

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.

State

City

(CONTINUED)

Zip

Page 1 of 2

16 APR 29 PH 2: 09

'AMBR" = Authorized Member 'MGR'" = Manager	Name and Address:
AMBR	Bruce J. Borland
	6703 NW 27th BLVD
	Jennings, FL 32053
	
ctive date is listed, the date must be sp	of filing: $\frac{4-25-16}{}$ (OPTIONAL) ecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ctive date is listed, the date must be sp filling.) the date inserted in this block does not renent's effective date on the Department	neet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) the date inserted in this block does not re-	neet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) the date inserted in this block does not rement's effective date on the Department EVI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not of State's records.
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EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) the date inserted in this block does not report is effective date on the Department EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me This document is execular am aware that any false	meet the applicable statutory filing requirements, this date will not of State's records. member or an authorized representative of a member. ted in accordance/with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) The date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a ment of the document is executed an aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records. member or an authorized representative of a member. ted in accordance/with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.