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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE TALLAHASSEE, FLORID

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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	JJW Transport LLC						
SODJE		Limited Liabil	ity Company		~		•
The enc	losed Articles of Organization and fee(s)	are submitted	for filing.				
Please r	eturn all correspondence concerning this	matter to the f	ollowing:				
	John Walton						
		Name of	Person				
	JJW Transport LLC						
		Firm/Co	mpany				
	19419 Via Del Mar Apt. 101				1	2016	
		Addr	ess		AET	2016 JUN 1	,
	Tampa/FI/33647				ARY ASSE		-
	johnfwaltonsr@gmail.com	City/State an	d Zip Code		UF ST	PH IZ:	
	E-mail address: (to be us	ed for future a	nnual report notification	on)	3	သ	
For furthe	er information concerning this matter, ple	ase call:					
	John Walton	813	541-82 7 3		_		
	Name of Person	Area Code	Daytime Telephone	Number			
Enclose	d is a check for the following amount:						
\$125.00	Filing Fee \$\sqrt{\$130.00}\$ Filing Fee & Certificate of Status	Certific	0 Filing Fee & ed Copy all copy is enclosed)	\$160.00 F Certificat Certified (additional of	te of Statt Copy	us &	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

<u>!</u>	Principal Office Address:	Mailing Add	ress:
19419 V	Via Del Mar Apt 181 Da, EL 33647	19419 Via De Tampa, FL 3	1 Mar Apt 101 3647
(The Limited Liability Co	red Agent, Registered Office, & Reg ompany cannot serve as its own Regist with an active Florida registration.)		ndividual or
The name and the Florida	street address of the registered agent.	are:	≥ SE 201
The name and the Florida	a street address of the registered agent REGISTERED AC		2016 JU SECRE
The name and the Florida	•	ENTS INC.	2016 JUN 1 SECRETAR FALLAHAS
The name and the Florida	REGISTERED AC	SENTS INC.	
The name and the Florida	REGISTERED AC	oint Dr., STE 150A	1 PX SEB.FI
The name and the Florida	REGISTERED AC Name 3030 N. Rocky P	oint Dr., STE 150A Box NOT acceptable)	I PA

(CONTINUED)

Bill Havre/Secretary/Registered Agents Inc.
Registered Agent's Signature (REQUIRED)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Page 1 of 2

	The name and address of each person author	rized to manage and control the Limited Liability Company:
	Title: "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager AMBR	Jorge Walton 19419 Via Del Mar Apt 101 Tampa FL 33647
	AMBR	Joreca Walton 19913 Via Del Mar Apt 103 Tampa FL 33647
		and the state of t
an e date	ffective date is listed, the date must be specifi e of filing.)	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90 days a
an e date ote: doc	LEV: Effective date, if other than the date of fifective date is listed, the date must be specified of filing.)	ic and cannot be more than five business days prior to or 90 days a t the applicable statutory filing requirements, this date will not be list
an e date ote: doc	CLE V: Effective date, if other than the date of fiffective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet cument's effective date on the Department of SCLE VI: Other provisions, if any.	ic and cannot be more than five business days prior to or 90 days a t the applicable statutory filing requirements, this date will not be list
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