

LIB000158946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

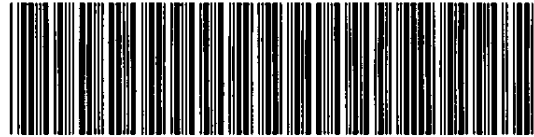
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RETURNED CHECK

08/19/16--01013--010 **130.00

16 AUG 19 AM 10:26
RECEIVED BY STATE
TALLAHASSEE, FLORIDA

7/1 8/24/10

To: **Registration Section**
Division of Corporations

SUBJECT: Wellswood Transportation, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning the matter to the following:

Douglas E Jacobson

701 S Howard Avenue

Suite 106 Box 523

Tampa, FL 33606-2473

Email: dougej@djanalytics.com

For further information concerning this matter, please call:

Douglas E Jacobson at (813) 334-2515

Enclosed is a check for the following amount:

\$130.00 for Filing Fee and Certificate of Status

**FILING CANCELLED
RETURNED CHECK**

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY CORPORATION**

16 AUG 19 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The name of the Limited Liability Corporation is:

Wellswood Transportation, LLC

ARTICLE II – Address:

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

Principal Office Address:

111 West North Bay Street
Tampa, FL 33603

Mailing Address:

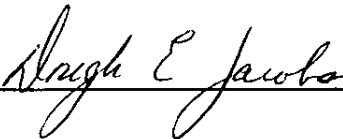
111 West North Bay Street
Tampa, FL 33603

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

The name and the Florida street address of the registered agent are:

Douglas E Jacobson
806 W Deleon Street
Suite 100
Tampa, FL 33606

Having been named as registered agent and to accept service of process for the above stated limited liability corporation 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 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)

ARTICLE IV –

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

Title

Name and Address:

MGR

Douglas E Jacobson
701 S Howard Avenue
Suite 106 Box 523
Tampa, FL 33606-2473

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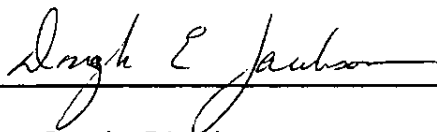
AMBR

Christine A Jacobson
111 W North Bay Street
Tampa, FL 33603

AMBR

Jorge Alvarez
111 W North Bay Street
Tampa, FL 33603

16 AUG 19 AM 10:26
STATE OF FLORIDA
TALLAHASSEE



Douglas E Jacobson

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 5.00 Certificate of Status