

L17000224892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

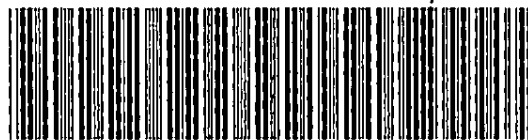
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ATTORNEY GENERAL

17 OCT 30 AM 11:38

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OCT 31 2017

K. Brumbley

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

" SHIP FAST TO JAMAICA 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:

921 CORNWALLIS DR.
JACKSONVILLE FLORIDA
32208

Mailing Address:

921 CORNWALLIS DR.
JACKSONVILLE FLORIDA
32208

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:

NASHVILLE N. DAVIS

Name

921 CORNWALLIS DR.

Florida street address (P.O. Box NOT acceptable)

JACKSONVILLE FL 32208

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.

Nashville N. Davis

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FLORIDA
BUREAU OF COMMERCIAL
INFORMATION SERVICES

STATEMENT OF THE
REGISTERED AGENT
AND ASSISTANT

17 OCT 30 AM 11:38

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Letter #: 017A00019322

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 & MGR

AMBR.

Name and Address:

NASHVILLE N. DAVIS
921 CORNWALLIS DR JACKSONVILLE
FLORIDA 32208

KAHADINE DAVIS
921 CORNWALLIS DR JACKSONVILLE
FLORIDA 32208

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: OCTOBER 25, 2017. (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:

Nashville N. Davis

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.)

NASHVILLE N. DAVIS

Typed or printed name of signer

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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