## <u> 1500005460</u>

(Requ	iestor's Name)	
(Addr	ess)	
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(City/:	State/Zip/Phone #)	<del></del>
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Name)	
(Docu	ument Number)	<del></del>
Certified Copies	Certificates of	Status
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ECRETARY OF STATE

2017 JAN -8 AM II: 53

K. PAGE (JAN 0 9 2018 January 3, 2018

Ms. Kenya E. Page Regulatory Specialist II Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: J&L Trucking, LLC

Ref. Number: W17000098029

Dear Ms. Page:

Enclosed you will find where we have changed the titles for Air Cooled Trucking, LLC Please make the appropriate changes and file our documents accordingly.

Thank you for your prompt response in this matter, I am

Yours truly,

Earl L. Douglas

Earl L. Douglas 8912 Red Beechwood Court Riverview, Florida 33578 (813) 786-3893

Enclosures: As stated

ZUIT JAN -8 AM II: 5. SECRETARY OF STATE

## COVER LETTER

	vision of Corporations			
SUBJECTS	AIR COOLED TRUCKING, L	LC		
SOBJECT.		of Limited Liabi	lity Company	<del></del>
The enclose	ed Articles of Organization and fe	e(s) are submitted	I for filing.	
Please retur	n all correspondence concerning t	his matter to the	following:	
	EARL L. DOUGLAS			
	<del></del>	Name of	f Person	<del></del>
		Firm/Co	ompany	
	8912 RED BEECHWOOD COU	RT		
		Addı	ress	
	RIVERVIEW, FLORIDA 33578	3		
7	FALLVWDUDEH61@GMAIL.	City/State ar	nd Zip Code	
	E-mail address: (to be	used for future	annual report notification	)
For further in	formation concerning this matter,	please call:		
	EARL L. DOUGLAS	813 at (	7863893	
_	Name of Person	Area Code	Daytime Telephone N	Sumber
Enclosed is	a check for the following amount:	:		
\$125.00 Fil	ing Fee \$130.00 Filing Fee Certificate of Stat	us Lucertifi	00 Filing Fee & ied Copy (al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section	

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

AIR COOLED TR	UCKING, LLC			
	ntain the words "Limited	Liability Company, "L	.L.C.," or "LLC.")	
ARTICLE II - Address:				
he mailing address and street	address of the principal o	ffice of the Limited Lia	ability Company is:	
Princ	ipal Office Address:		Mailing Address:	
8912 RED BEECH	IWOOD COURT	8912 R	ED BEECHWOOD COURT	
RIVERVIEW, FLO	RIVERVIEW, FLORIDA 33578		RIVERVIEW, FLORIDA 33578	
	ny cannot serve as its own	& Registered Agent's Registered Agent. You		
	ny cannot serve as its own a active Florida registration	& Registered Agent's Registered Agent. You on.)	Signature:	
The Limited Liability Compar nother business entity with ar	ny cannot serve as its own a active Florida registration	& Registered Agent's Registered Agent. You on.)	Signature:	
The Limited Liability Compar nother business entity with ar	ny cannot serve as its own active Florida registration active florida registration at address of the registered	& Registered Agent's Registered Agent. You on.)	Signature:	
The Limited Liability Compar nother business entity with ar	ny cannot serve as its own active Florida registration active florida registration at address of the registered	& Registered Agent's Registered Agent. You on.) I agent are:	Signature:	
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The Limited Liability Compar nother business entity with ar	ny cannot serve as its own active Florida registration active florida registration active florida registered address of the registered JUANITA A. FICCA 8912 RED BEECHV	& Registered Agent's Registered Agent. You on.) Lagent are: Name	Signature: u must designate an individual c	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

IT JAN -8 AMII: CRETARY OF STAT

FILED

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	EARL L. DOUGLAS
OWNER PID	8912 RED BEECHWOOD COURT
	RIVERVIEW, FLORIDA 33578
100	NAMES A FIGGA
MGR VSD_	JUANITA A. FICCA
	8912 RED BEECHWOOD COURT
	RIVERVIEW, FLORIDA 33578
(III	
(Use attachment if necessary)	
ARTICLE V. Effective date if other than	the date of filing: (OPTIONAL)
ARTICLE V: Effective date, if other than	the date of filing:
(If an effective date is listed, the date mu	st be specific and cannot be more than five business days prior to or 90 days atter
If an effective date is listed, the date mu the date of filing.) Note: If the date inserted in this block do	st be specific and cannot be more than five business days prior to or 90 days atter oes not meet the applicable statutory filing requirements, this date will not be listed as
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(If an effective date is listed, the date muthe date of filing.)  Note: If the date inserted in this block do the document's effective date on the Department's effective date on the Department's Cheryological Signature  REQUIRED SIGNATURE:  Signature This document Lam aware that	be specific and cannot be more than five business days prior to or 90 days atterbes not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.  Lough a second and authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State
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(If an effective date is listed, the date muthe date of filing.)  Note: If the date inserted in this block do the document's effective date on the Department's effective date on the Department's Cheryological Signature  REQUIRED SIGNATURE:  Signature This document Lam aware that	be specific and cannot be more than five business days prior to or 90 days after open not meet the applicable statutory filing requirements, this date will not be listed a artment of State's records.  Local artment of State's records.  The of a member or an authorized representative of a member. The is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Ĭ.

7.

Check Number: 8830

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Amount: \$155.00

Trace: 17604594

Front

BENTY BODD 8830

JUANITA A. FICCA (813) 760-3318 8426 CYPRESS CARDEN CT, 101 B TAMPA, FL 33614

**GROW FINANCIAL FEDERAL CREDIT UNION** 

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Back

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