## LIACOCAIZCAI

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

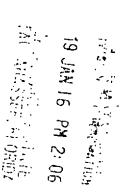
Office Use Only

K. PAGE JAN 17 2019



000322025090

12/17/18--01030--027 \*\*130.00





## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 8, 2019

JOHN SIMS JR 22 ROSECROFT LANA PALM COAST, FL 32164

SUBJECT: J&B TRUCKING LLC Ref. Number: W18000109382

We have received your document for I.B. 5. IRUEKING LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 119A00000499

Keyna E Page Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: J.B. S. TRUCKING LLC  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOHN SIMS JR
Name of Person
J.B.S TRUCKING
- Firm/Company
22 ROSECROFT LANA
Address
PALM COAST, FL. 32164
City/State and Zip Code
Simshijohn@yahoo.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOHN SIMS JR 904-415-0981
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}}
Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Street Address  New Filing Section  Division of Corporations  Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

J. B. S. TRU	vis: CKING LLC ds "Limited]Liability Compar	ny, "L.L.C" or "ŁLC.")
ARTICLE II - Address: The mailing address and street address of the	-	
Principal Office A	ddress:	Mailing Address:
22 ROSECROFT LANE	<u></u> 2	2 ROSECROFT LANE
PALM COAST, FL. 32164		ALM COAST, FL. 32164
The name and the Florida street address of	uie registereu agent are.	
JOHN S	_	<del></del>
JOHN S	IMS JR	<del></del>
JOHN S	IMS JR Name	Lacceptable)
JOHN S  22 ROSI Florida	IMS JR Name ECROFT LANE	[acceptable)
JOHN S  22 ROSI Florida	IMS JR  Name  ECROFT LANE  street address (P.O. Box NOT	L'acceptable)  Zip

(CONTINUED)

19 JAN 16 PM 2: 06

ARTICLE IV-

Title:

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

Name and Address:

"MGR" = Ma			
MGR	· · · · · · · · · · · · · · · · · · ·	JOHN SIMS JR	
		22 ROSECROFT LANE	<del>.,,, </del>
		PALM COAST FL. 3216	.4
AMBR		BARBARA J SIMS	
		22 ROSECROFT LANE	
		PALM COAST FL. 3216	4
	• 4.,	بالشهيرية الميسان أأدفه والمطارمي للعهولاة ويستم المري الماحمون الصلاف الأابانا الماعا المتعاربية	بالمريونية والمجاد الماسي
<del></del>	· · · · · ·	<del></del>	
			<del></del>
			<del>· · · · · · · · · · · · · · · · · · · </del>
(Use attachm	ent if necessary)		
	•	date of filing: (OPTIO	
Tective date is a sof filing.) If the date inser	listed, the date must ted in this block does	re specific and cannot be more than five business days printed the applicable statutory filing requirements, this detect of State's records.	•
ffective date is a confiling.) If the date insertument's effective	listed, the date must ted in this block does	not meet the applicable statutory filing requirements, this d	•
ffective date is a confiling.)  If the date insertument's effective other p	ted in this block does we date on the Departs rovisions, if any.  SIGNATURE:  Signature of This document is a	a member or an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Florid	ate will not be l
ffective date is a of filing.) If the date inserument's effective LE VI: Other p	ted in this block does to date on the Depart rovisions, if any.  SIGNATURE:  Signature of This document is a I am aware that an	not meet the applicable statutory filing requirements, this depent of State's records.  Living a member of an authorized representative of a member	ate will not be l
ffective date is a of filing.) If the date inserument's effective LE VI: Other p	ted in this block does to date on the Depart rovisions, if any.  SIGNATURE:  Signature of This document is a I am aware that an	a member or an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Florid false information submitted in a document to the Department of the Department	ate will not be l
ffective date is a confiling.)  If the date insertument's effective other parts of the confiler parts of the c	signature of This document is a maware that any constitutes a third of	a member or an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Florid false information submitted in a document to the Department of the Department	ate will not be l
ffective date is a of filing.) If the date inserument's effective LE VI: Other p	signature of This document is a maware that any constitutes a third of	a member or an authorized representative of a member accordance with section 605.0203 (1) (b), Florid false information submitted in a document to the Department of the Depar	ate will not be l
ffective date is a sof filing.) If the date insertament's effective LE VI: Other p  REQUIRED  \$125.00 Files \$ 30.00 Ce	signature of This document is a sonstitutes a third of JOHN SIM!	a member or an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Floridalse information submitted in a document to the Department of the provided for in s.817.155, F.S.  JR  Typed or printed name of signee  Filing Fees:  f Organization and Designation of Registered Agental)	ate will not be l