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(Re	questor's Name)	
•		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	<u> </u>
(Cit	syrotate/21prr none #	r)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	·)
(Do	cument Number)	
(50	cument (valubel)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

то:	New Filing Section Division of Corporations		
CHDIC	JPG Logistics LLC		
SUBJE		Limited Liability Company	
The end	closed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
	Philicia Guillaume		
		Name of Person	
		Firm/Company	
	7158 Evergreen Loop		
		Address	
	Polk City, FL 33868		
		City/State and Zip Code	
	jpglogistics@yahoo.com	ed for future annual report notificati	an)
r. c.a		-	on,
ror nirth	ner information concerning this matter, ple	ase call:	
	Jeffrey Guillaume	863 256-9203	
	Name of Person	Area Code Daytime Telephone	
Enclose	ed is a check for the following amount:		
\$125.00	00 Filing Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	

Mailing Address
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

ARTICLE I - Name: The name of the Limited Liability	v Company is:			
The hame of the Linned Claomi	y Company is.			
JPG Logistics LLC			_	
(Must conta	in the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")	_
ARTICLE II - Address:				
The mailing address and street ad	ldress of the principal	office of the Limi	ted Liability Company is:	
<u>Principa</u>	al Office Address:		Mailing Address:	
7158 Evergreen Loop			158 Evergreen Loop	
Polk City, FL 33868		<u>P</u>	olk City, FL 33868	
another business entity with an a	cannot serve as its ow ctive Florida registrati	n Registered Ager on.)	gent's Signature: nt. You must designate an individual or	19 FEB
The name and the Florida street a	iddress of the registere	d agent are:	750	9
	Jeffrey Guillaume			
		Name		
	7158 Evergreen Loc	opq		9: 30
	Florida street address (P.O. Box NOT acceptable)			
	Polk City	FL	33868	
	City	State	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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Jeffrey Guillaume 7158 Evergreen Loop Polk City, FL 33868
MGR	Philicia F. Guillaume 7158 Evergreen Loop Polk City, FL 33868
	SEX B
(Use attachment if necessary)	
If an effective date is listed, the date must be he date of filing.)	date of filing:
ARTICLE VI: Other provisions, if any.	
	
REQUIRED SIGNATURE:	

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

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)