

L19000225865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

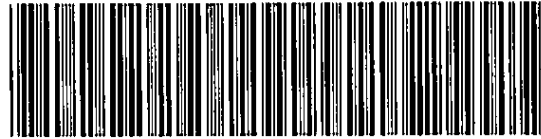
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600333495846

08/29/19--01013--012 **125.00

2019 SEP 13 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

N CULLIGAN

SEP 14 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JOE B.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:

Joseph S. Brown
Name of Person

JOE B.Trucking LLC
Firm/Company

3939 Cobalt Ave E
Address

Jacksonville, FL 32210
City/State and Zip Code

jobrown196259@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph S. Brown at (478) 244-4145
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2019

JOSEPH S. BROWN
3939 CCBALT AVE E
JACKSONVILLE, FL 32210

SUBJECT: JOE B. TRUCKING LLC
Ref. Number: W19000081675

We have received your document for JOE B. TRUCKING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page (2) of the application. Enclosing that page only.

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 (950) 245-6052.

Maysa Culican
Regulatory Specialist II

Letter Number: 719AC0018467

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOE B. Trucking 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:

Mailing Address:

3939 Cobalt Ave E
Jacksonville, FL 32210

3939 Cobalt Ave E
Jacksonville, FL 32210

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:

Joseph S. Brown

Name

3939 Cobalt Ave E

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

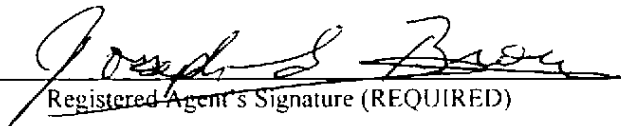
Jacksonville

City

FL 32210

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

2019 SEP 13 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLE IV-

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

Title:

Authorized Member

Manager

Name and Address:

Joseph S BROWN
23039 Cobalt Ave. East
Jacksonville, FL 32210

File attachment (if necessary)

ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL)

If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 91 days after the date of filing.

Note: If the date entered in this block does not meet the applicable statutory filing requirements, this date will not be filed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. 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.

Joseph S BROWN
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)

SECRETARY OF STATE
TALLAHASSEE, FL

2019 SEP 13 PM 2:48

FILED