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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Document Number) | | |
| Certified Copies | Certificates o | of Status |
| Special Instructions to Filing Officer: | | |
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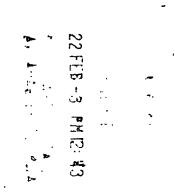
T. SCOTT

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COVER LETTER

| | lew Filing Section Pivision of Corporations | | |
|----------------|---|---|---|
| CHDIFCT | DOUBLE LTRUCKING OF FLOR | | |
| SUBJECT | Name of L. | imited Liability Company | |
| The enclos | sed Articles of Organization and fee(s) a | are submitted for filing. | |
| Please retu | irn all correspondence concerning this i | natter to the following: | |
| | CHARLES V. HARDEMAN | | |
| | | Name of Person | · |
| | DOUBLE J TRUCKING OF FLORII | DA , LLC. | |
| | | Firm/Company | |
| | 22 YETI COURT | | |
| | | Address | |
| | ST. AUGUSTINE, FLORIDA 32092 | 2 | |
| | chardeman1@icloud.com | City/State and Zip Code | |
| - | E-mail address: (to be used | d for future annual report notificat | ion) |
| For further in | nformation concerning this matter, pleas | se call: | |
| | | 728-5380) | |
| | | Area Code Daytime Telephon | |
| Enclosed is | a check for the following amount: | | |
| □\$125.00 | Filing Fee ☐S130.00 Filing Fee & Certificate of Status | E □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ■\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address New Filing Section Division of Corporations | Street Address New Filing Section Di The Centre of Tallaha | |

P.O. Box 6327

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

DOUBLE J TRUCKING OF FLORIDA, LLC.

(Must contain 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: |
|------------------------------|------------------------------|
| 22 YETI COURT | 22 YETI COURT |
| ST, AUGUSTINE, FLORIDA 32092 | ST. AUGUSTINE, FLORIDA 32092 |
| | • |

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:

| KATHRYN A. NICHO | DLS | |
|------------------------|---------------------------|---------|
| | Name | |
| 1148 INVERNESS DE | RIVE | |
| Florida street address | (P.O. Box <u>NOT</u> acce | ptable) |
| ST. AUGUSTINE | FLORIDA | 32092 |
| 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)

ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|--|--|
| "MGR" = Manager | |
| AMBR | CHARLES V. HARDEMAN |
| | 22 YETI COURT ST. AUGUSTINE, FLORIDA 32092 |
| | WALLEST WALLES |
| AMBR | KATHRYN A. NICHOLS |
| | TH48 INVERNESS DRIVE |
| | ST. AUGUSTINE. FLORIDA 32092 |
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| | |
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| (Use attachment if necessary) | |
| • | |
| RTICLE V: Effective date, if other than the | e date of filing: (OPTIONAL) |
| If an effective date is listed, the date must b ne date of filing.) | be specific and cannot be more than five business days prior to or 90 days after |
| | not meet the applicable statutory filing requirements, this date will not be listed as |
| he document's effective date on the Departr | ment of State's records. |
| | |
| RTICLE VI: Other provisions, if any, | |
| | |
| | |
| DEALURD GLOVE TO VICE | |
| REOUIRED SIGNATURE: | |
| | |
| Signature of | a member or an authorized febresentative 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.

CHARLES V. HARDEMAN

Typed or printed name of signee

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)