Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : 120040000031 Phone : (800)906-9220 Fax Number : (800)906-9880

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO. JAY AR LOGISTICS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Corporate Filing Menu

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ARTICLES OF C	RGANIZATIONFO	OR FILORIDA LIM	ITED LIABILITY COMPANY	ľ	
ARTICLE I - Name:					
The name of the Limited Liability	Company is:				
JAY AR LOGISTICS	II C				
		ed Liability Comp	pany, "L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and street add	lress of the principa	al office of the Li	mited Liability Company is:		
<u>Principal</u>	Office Address:		Mailing Ac	ldress:	
7855 NW 104TH AVE	EAPT 34		7855 NW 104TH AVE AP	T 34	
DORAL, FL 33178			DORAL, FL 33178		
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac The name and the Florida street ac	annot serve as its o tive Florida registr	wn Registered A ation.)		individual or	
	ROBERTO M GO	OMEZ			
		Name			
	7855 NW 104TH	AVE APT 34			
	Florida street add	iress (P.O. Box N	OT acceptable)		
	DORAL	FL	33178		

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..

State

City

Roberto M. Gomez
Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

22 NOV -8 PH 12: 35

"AMBR" = Authorized Member "MGR" = Manager AMBR AMBR	ROBERTO M GOMEZ 78-27 90 RD APT WOODHAVEN, NY 11421	
AMBR	78-27 90 RD APT WOODHAVEN, NY 11421	
	78-27 90 RD APT WOODHAVEN, NY 11421	
AMBR		
AMBR		
	JHONY MONEGO GARCIA	
	9727 WOODHAVEN BLVD WOODHAVEN, NY 11421	
	WOODIEWELK NY 11921	
to of filing.)	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not at of State's records.	
REQUIRED SIGNATURE:		
REOUIRED SIGNATURE:	berto M Gomez	
REQUIRED SIGNATURE: Roy Signature of a r This document is executed any factors.		22 NOV
REQUIRED SIGNATURE: Roy Signature of a r This document is executed any factors.	nember or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.	22 N