

L050000 00319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

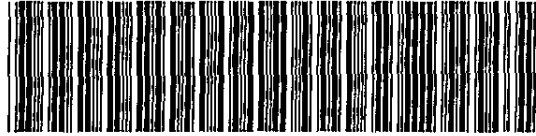
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Handwritten signature]



700055963857

06/13/05--01050--017 **125.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

05 JUN 13 AM 10:59

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUIK-PATH Couriers, 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:

THOMAS O. MISNER
(Name of Person)

QUIK-PATH Couriers, LLC
(Firm/Company)

532 MOCCASIN COURT
(Address)

CASSELBERRY, FLORIDA 32707
(City/State and Zip Code)

FILED
05 JUN 13 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

THOMAS O. MISNER at (407) 699-0569
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

QUIK-PATH Couriers, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

532 MOCCASIN COURT
CASSELBERRY, FLORIDA 32707

Mailing Address:

532 MOCCASIN COURT
CASSELBERRY, FLORIDA 32707

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

THOMAS O. MISNER
Name

532 MOCCASIN, COURT
Florida street address (P.O. Box **NOT** acceptable)

CASSELBERRY, FLORIDA 32707
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN 13 AM 10:59

FILED

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 608, F.S..

Thomas O. Misner
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MANAGER

THOMAS O. MISNER
532 MOCCASIN, COURT
CASSELBERRY, FLORIDA 32707

MANAGER

ELINOR A. MISNER
532 MOCCASIN COURT
CASSELBERRY, FLORIDA 32707

MGRM

VICKI M. GARNER
213 NLB HILL CIRCLE
LONGWOOD, FLORIDA 32799

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

THOMAS O. MISNER
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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN 13 AM 10:59

FILED