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ALWAYS READY N	MOVING LLC
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FAX AUDIT # +010001415113

ARTICLES OF ORGANIZATION OF ALWAYS READY MOVING LLC

ARTICLE I

NAME

The name of the limited liability company shall be: ALWAYS READY MOVING LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 4803 5th Street West, Lehigh Acres, Florida 33971.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Delia Lee, 4803 5th Street West, Echigh Acres, Florida 33971. Located in the County of Lee.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Delia Lee, 4803 5th Street West, Lehigh Acres, Florida 33971

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

FAX AUDIT # HOLOW 1415-113

FAX AUDIT # 401.0001415113

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: ALWAYS READY MOVING LLC

The name and address of the registered agent and office is Delia Lee, 4803 5th Street West, Lehigh Acres, Florida 33971. Located in the County of Lee.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Via Jan

Delia Lee

Date: 5/22/06

SECRETARY OF STATE DIVISION OF CORPORATIONS

FAX AUDIT#	

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Signature: Delia Lee

Date: 5 /22/06

SECRETARY OF STATE DIVISION OF CORPORATIONS

FAX A	AUDIT	#	