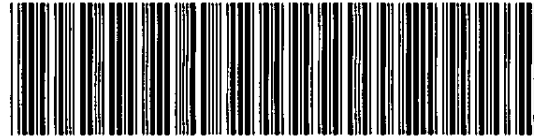


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10/13/08--01018--001 \*\*25.00

(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

RECEIVED  
08 OCT 13 AM 9:55  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
FILED  
08 OCT 13 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
OCT 14 2008  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BIT T TRUCKING LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHEN MANDERL  
(Name of Person)

CARRIER SERVICES OF FLORIDA  
(Firm/Company)

1210-H CAPITAL CIRCLE SE  
(Address)

TALLAHASSEE, FL 32301  
(City/State and Zip Code)

For further information concerning this matter, please call:

STEPHEN MANDERL at ( 850 ) 942-7323  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:

BIG T TRUCKING LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

THE NAME WAS SPELLED INCORRECTLY ON THE ORIGINAL FILING. NAME CORRECTION READS "BIG T TRUCKING LLC"

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

08 OCT 03 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

Dated: OCTOBER 10<sup>th</sup>, 2008

STEPHEN MANDELL  
Signature of a member or authorized representative of a member

STEPHEN MANDELL  
Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

**Electronic Articles of Organization,  
For  
Florida Limited Liability Company**

L08000095780  
FILED 8:00 AM  
October 09, 2008  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:  
BIT T TRUCKING LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
200 NE LAND AVE  
MAYO, FL. US 32066

The mailing address of the Limited Liability Company is:  
200 NE LAND AVE  
MAYO, FL. US 32066

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
STEPHEN A MANDELL  
1210-H CAPITAL CIRCLE SE  
TALLAHASSEE, FL. 32301

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.

Registered Agent Signature: STEPHEN MANDELL

**FILED**  
08 OCT 13 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Article V**

The name and address of managing members/managers are:

Title: MGR  
TOMMY FLOYD  
200 NE LAND AVE  
MAYO, FL. 32066 US

Title: MGR  
SAMANTHA JOHNSON  
200 NW LAND AVE  
MAYO, FL. 32066 US

L08000095780  
FILED 8:00 AM  
October 09, 2008  
Sec. Of State  
nculligan

**Article VI**

The effective date for this Limited Liability Company shall be:

10/09/2008

Signature of member or an authorized representative of a member

Signature: STEPHEN MANDELL

**FILED**  
08 OCT 13 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA