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2011 MAY 23 PM 1: 27
SECRETARY OF STATE
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T. CLINE

MAY 24 2011

EXAMINER

COVER LETTER

:

Registration Section

TO:

Division of Corporations		
SUBJECT: Freight Consolid	lators International LLC	
	me of Limited Liability Company	
The enclosed Articles of Organization and	d fee(s) are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
David Hamilton		
	Name of Person	
Martenson, Hasbro	uck & Simon LLP	
	Firm/Company	
3379 Peachtree Roa	ad, N.E., Suite 400	
•	Address	
Atlanta, Georgia 30326	6	
	City/State and Zip Code	
dhamilton@martensonla		ALI SEE
E-mail address:	(to be used for future annual report notification)	AG .
For further information concerning this ma	atter, please call:	2011 MAY 23 SECRETARY TALLAHASSI
David Hamilton	at (404) 909-8100	phone Number CRITE
Name of Person	Area Code & Daytime Telep	phone Number 5
		음을 2
Enclosed is a check for the following a	amount:	. ➤
\$125.00 Filing Fee \$130.00 Filing Certificate of		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Freight Consolidators Internati		Printed Section -	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Lial	pility Company is:	
Principal Office Address:	Mailing Address:		
4190 N.W. 93rd Avanue Galnesville, Florida 32653	4190 N.W. 93rd Avenue Gainesville, Florida 32653		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Sered Agent. You must designate an individu	Signature: SECRETAR SECRETAR SECRETAR	medicid
The name and the Florida street address of the re	egistered agent are:	AR B	
InCorp Services, Inc.		AST AR	-
Name		- T T T T T T T T	17
17888 67th Court	North	PH 1: 2: OF STATI	1
Florida street add	ress (P.O. Box NOT acceptable)	유럽 그	
Loxahatchee	_{FL} 33470	27 767 767	

Having heen 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..

City, State, and Zip

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) 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.

I am aware that any false information submitted in a document to the Department of State

Hamilton 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)

constitutes a third degree felony as provided for in s.817.155, F.S.)