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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Pleasant Valley Transford Trailers 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:		
Jackie Butler Name of Person		
Pleasant Valley Teardrop Trailers LL POBOX 395 Firm/Company	<u>,</u> C	
Coll Belden Parkway Address		
Sugarcreek (M. o 4468) City/State and Zip Code Jackie @ Nucamp V. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Jackie Butter at (330) 852.4811 ext 225 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	sed)	
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	
Pleasant Valley Teas (Must contain the words "Limited Liabil	rdrop Trailers LLC lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
(4) (5) (4)	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:		SEC	27	
Frederick W. Mohre, Esq.			<u>_</u>	HALEN To P
Name		三 至 三	=	455 "#225
485 N. Keller Road, Suite 401		ASSI	5	g Mariemer
Florida street address (P.O. Box NOT acceptate	ole)		7	gravit.
Maitland, FL 32751		. 54	بغ	15 15 min
City State	Zip	22	ÇŊ	°€

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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager HM 6R	Joseph Mullet PD BOX 395-1011 Belden Parkway Sugarcreek on 44681
Ambr_	Josse Mullet Po Box 395-611 Belden Parkway Sugarcreek On 44681
(Use attachment if necessary)	
(If an effective date is listed, the date must be spe the date of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records.
REQUIRED SIGNATURE:	
This document is execut I am aware that any false	poter or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Refutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
\$125.00 Filing Fee for Articles of Org \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Options	Filing Fees: ganization and Designation of Registered Agent

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-