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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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AL

LIMITED LIABILITY COMPANY

P.B. TRANSPORT, L.L.C

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ARTICLES OF ORGANIZATION
OF
P.B. TRANSPORT, L.L.C.

I, the undersigned authorized representative of the Member, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company (the "Company") is:

P.B. TRANSPORT, L.L.C.

ARTICLE II - ADDRESS

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

c/o Mosher and Schneider, P.A.
1550 Clearlake Centre
250 Australian Avenue South
West Palm Beach, FL 33401

ARTICLE III - EFFECTIVE DATE AND DURATION

The effective date of the Company's existence is January 25, 2002. The Company's existence shall be perpetual.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the Registered Agent of the Company in the state of Florida are:

John C. Schneider, Esquire
Mosher and Schneider, P.A.
1550 Clearlake Centre
250 Australian Avenue South
West Palm Beach, FL 33401

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ARTICLE V - MANAGEMENT

The Company is to be managed by the member and is, therefore, a member-managed company.

ARTICLE VI - ADMISSION OF NEW MEMBERS

The Member shall have the right to admit additional members.

IN WITNESS WHEREOF, the undersigned authorized representative of the Member has made and subscribed these Articles of Organization at West Palm Beach, Florida, on January 25, 2002.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JAN 28

John C. Schneider
John C. Schneider, Authorized Representative
of the Member

STATE OF FLORIDA
COUNTY OF PALM BEACH

Sworn to and subscribed before me on January 25, 2002, by John C. Schneider, who is personally known to me.



Cindy S. Moore
MY COMMISSION # CCB41541 EXPIRES
August 25, 2003
BONDED THRU TROY FARM INSURANCE, INC.

[Signature]
Printed Name _____
Notary Public - State of Florida
My Commission Expires _____

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.

John C. Schneider
John C. Schneider, Registered Agent

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