FILED Mar 24, 2003 8:00 am Secretary of State

3/

2003 LI	MITED LI	ABILITY	COM	PANY
UNIFOR	M BUSIN	ESS REP	ORT ((UBR)

1. Entity Nan	MENT # LO20000 NSPORTATION, LLC	25997				03-11-200	3 90024	003 ***	**50.00	
101 SPANISH	pal Place of Business Mailing Address ANISH MOSS ROAD ORT FL 33837 DAVENPORT FL 33837		, . · ·							
Principal Place of Business 3. Mailing Address				-						
Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & Stat	City & State City & St		State		4. FEI Number 54-2075797			Applied For Not Applicable		
Zip	Country	Zip	Cour	try		te of Status Desired	F	5.00 Add		00511
130	6. Name and Address of Current R NDON, JACK PL 020002 E. CENTRAL AVENUE E:WALES RL (33853 C			Name Street Address (d Address of New Re		Zip Cod	de	
DAVENSHIPPE SIGNATURE	named entity submits this statement for long of registered agent. Signature, typed or printed name of registered agent an	d title if applicable. (NOTE FILE NO Make Check Payabl Due	Registere OW!!! I e to Flo e By Ma	d Appent signature required	d whon reinstating) (1				
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER	S/MANAGERS Delete		E Et adoress	101 Sp:	abbilions/o bbal, LLC anish Moss Road ort, FL 33837		Change	Addition	CR2E083 (10/02)
131)	NDON, JACK PLOSCOCIOS E. CENTRAL AVENUE SWALESVEL 33853[C]	25 °22 P□ Delete	TITLE NAMI STRE		Daven		C	Change	Addition	CRZE
NAME STREET ADDRESS	19 19 207 (197)							- Change	Addition	<u></u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 s	Delete	TITLE NAME STREE			文形 (基)		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete					(Change	Addition	2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOW DACK FOR THE TESTS OF	☐ Celete		l			[Change	Addition	E.P.
indicated	ertify that the information supplied with the on this report is true and accurate and the bility company of the receiver or trustee and ML Globat, LLC By: Joe Lewor N SAMATURE AND TYPED OR PRINTED NAME OF S	at my signature shall have the mpowered to execute this manager	he same eport as	legal effect as if m required by Chapt	nade under dati er 608, Florida	n; that I am a managir	urlher certifying member of	r manager	oformation of the	,

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE HOLTSVILLE NY 00501

DATE OF THIS NOTICE: 10-09-2002 NUMBER OF THIS NOTICE: CP 575 E EMPLOYER IDENTIFICATION NUMBER: 54-2075797 FORM: 0134050048 0

D/888Z

3597 FOR ASSISTANCE CALL US AT:

JML TRANSPORTATION LLC % JML GLOBAL LLC 101 SPANISH MOSS RD DAVENPORT FL 33837

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 54-2075797. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply .

Keep this part for your records.

____CP 575 E (Rev. 1-2001

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

0134050048

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 10-09-2002

EMPLOYER IDENTIFICATION NUMBER: 54-2075797

FORM: SS-4