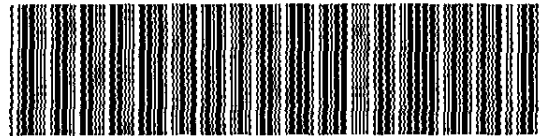


L03000024210

CCS Tax Service (386)532-2026
Complete Computer Accounting
Karen G Canty ~ Nicole R Horan
PO Box 390363
Deltona, Florida 32739-0363



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05/27/03--01018--009 **125.00

(City/State/Zip/Phone #)

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(Business Entity Name)

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J. BRYAN MAY 30 2003

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 30, 2003

CCS TAX SERVICE
PO BOX 390363
DELTONA, FL 32739-0363

SUBJECT: MICHAEL H. BORGENS/MHB TRUCKING & BROKERAGE, LLC
Ref. Number: W03000015323

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TALLAHASSEE, FLORIDA

We have received your document for MICHAEL H. BORGENS/MHB TRUCKING & BROKERAGE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 803A00034045

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MICHAEL H. BORGENS/MHB TRUCKING & BROKERAGE, LLC

ARTICLE II - Address:

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

212 VALENCIA RD, DEBARY, FL 32713

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

MICHAEL H. BORGENS
Name
212 VALENCIA RD
Florida street address (P.O. Box **NOT** acceptable)
DEBARY FL 32713
City, State, and Zip

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CLERK OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 608, F.S.

X Michael H Borgens
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

X Michael H. Borgens
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.)

MICHAEL H. BORGENS
Typed or printed name of signer

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)