

JUL-24-2003 14:45
Division of Corporations

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

LIMITED LIABILITY COMPANY

Compadres Trucks LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

03 JUL 24 PM 3:19
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

JB
7-24-03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Compadres Trucks LLC

ARTICLE II - Address:

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

2172 Parkwood Road, Snellville, Georgia 30078

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

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

C T Corporation System

Name

c/o C T Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

FL 33324

City, State, and Zip

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.

By: C T Corporation System Connie Bryan **CONNIE BRYAN**
SPECIAL ASSISTANT SECRETARY
 Registered Agent's Signature

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

[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.)

John D. Maixen, as attorney in fact for Larry W. Pearson, Member

Typed or printed name of signee

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)

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 SECRETARY OF STATE
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