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(Address)

(Address)

(City/State/Zip/Phone #)

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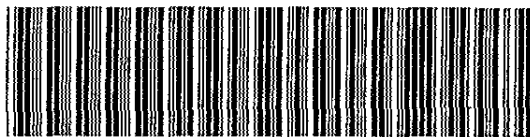
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN SEP 11 2003

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OUTBACK TRANSPORT, L.L.C.  
(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:

KAREN F. VAN WYK

(Name of Person)

OUTBACK TRANSPORT, LLC

(Firm/Company)

P.O. BOX 1020

(Address)

DAVENPORT, FL 33836-1020

(City/State and Zip Code)

For further information concerning this matter, please call:

KAREN F. VAN WYK

(Name of Person)

at ( 863 ) 422-0526

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

SEE ENCL  
ON ATTACHED  
55-4

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

OUTBACK TRANSPORT, L.L.C.

### ARTICLE II - Address:

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

#### Principal Office Address:

119 PINE LANE

DAVENPORT, FL 33837

#### Mailing Address:

P.O. BOX 1020

DAVENPORT, FL 33836-1020

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

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

KAREN F. VAN WYK

Name

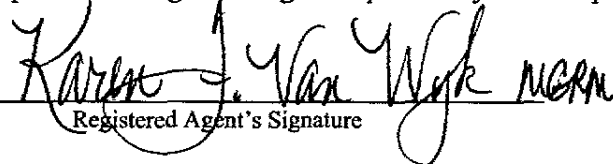
119 PINE LANE

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

DAVENPORT FL 33837

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..*

  
Registered Agent's Signature

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR	ANDRIES J. VAN WYK P.O. BOX 802 DAVENPORT, FL 33836-0802
MGR	PATRICK D. CURRIE 203 VIA DEL SOL DAVENPORT, FL 33837
MGRM	KAREN F. VAN WYK P.O. BOX 802 DAVENPORT, FL 33836-0802

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

 MGRM/REGISTERED AGENT  
\_\_\_\_\_  
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.)

KAREN F. VAN WYK

\_\_\_\_\_  
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)