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SEP 25 PM 1: 2:

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
JIM MARTIN TRUCKING, LLC			
(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:			
ATTN: START DEPARTMENT			
(Name of Person)			
JK HARRIS AND COMPANY			
(Firm/Company)			
4995 LACROSS ROAD, SUITE 1800			
(Address)			
NORTH CHARLESTON, SC 29406			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
CHRIS PUETZ	at (800)313-0877 x 250		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
409 E. Gaines Street Tallahassee, Florida 32399	P.O. Box 6327 Tallahassee, Florida 32314		
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> www.jkharris.com E-mail: cpuetz@jkharris.com

September 19, 2003

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RE: Jim Martin Trucking, LLC

Dear Sir or Madam:

Enclosed for filing please find an original and one (1) copy of the Articles of Organization in reference to the above-captioned matter. Please file and return the stamped copy back to me. Also enclosed is a check in the amount of \$125.00 to cover the required filing fees. Please feel free to call or write with any questions or problems.

Sincerely,

Chris Puetz Ext. 250

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JIM MARTIN TRUCKING, LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
3434 BLANDING BOULEVARD, #126	3434 BLANDING BOULEVARD, #126
JACKSONVILLE, FL 32210	JACKSONVILLE, FL 32210

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

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

JAMES T. MARTIN	e de la companya de
Na	me
3434 BLANDING BO	ULEVARD, #126
Florida street address	(P.O. Box NOT acceptable)
JACKSONVILLE	FL 32210
City, Sta	te, 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)

Page 1 of 2

SECRETARINE STATE

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>		Name and Address:
"MGR" = Manager		
"MGRM" = Manaş	ging Member	
MGRM		JAMES T. MARTIN
 		3434 BLANDING BOULEVARD, #126
		JACKSONVILLE, FL 32210
	-	
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	-	
(Use attachment if	necessary)	
NYCOMPONE A THEOR		7 7 7 10 00 (t)
NOTE: An additi	onal article must be	e added if an effective date is requested.
REQUIRED SIGN	NATURE:	
	1	
		1220
	Min	v of IMA
	Signature of a member	or an authorized representative of a member.
	of this document constituthat the facts stated here	tion 608.408(3), Florida Statutes, the execution outes an affirmation under the penalties of perjury ein are true.)
	TALLE	S T MARTINI
	Tvo	S T. MARTIN ed or printed name of signee
	")1	
		Filing Fees:
		\$100.00 Filing Fee for Articles of Organization
		\$ 25.00 Designation of Registered Agent

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)