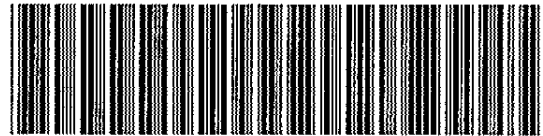


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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EFFECTIVE DATE
1-1-04

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: LOVELESS 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:

S. DELORD LOVELESS
(Name of Person)

LOVELESS TRUCKING LLC
(Firm/Company)

P.O. Box 8
(Address)

LAMONT, FL 32336
(City/State and Zip Code)

For further information concerning this matter, please call:

S. DELORD LOVELESS at (850) 997-0518
(Name of Person) (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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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY OF STATE
TALLAHASSEE, FLORIDA

03 NOV 26 AM 9:18

ARTICLE I - Name:

The name of the Limited Liability Company is:

LOVELESS TRUCKING LLC

ARTICLE II - Address:

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

Principal Office Address:

P.O. Box 8
Lamont, FL 32336

Mailing Address:

P.O. Box 8
Lamont FL 32336

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

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

S. DELOYD LOVELESS
Name

EFFECTIVE DATE
1-1-04

6182 E. Capps
Florida street address (P.O. Box NOT acceptable)

Lamont FLORIDA 32336
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, Florida Statutes..

S. Deloyd Loveless
Registered Agent's Signature

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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:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:


MGRM

S. DeLOYD LOVELESS
P.O. Box 8
Lamont FL 32336

(Use attachment if necessary)

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

REQUIRED 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.)

S. DeLoyd Loveless
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)

ARTICLE V Effective Date

January 1, 2004

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA