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GRAYHARRIS
ATTORNEYS AT LAW

GRAY, HARRIS & ROBINSON, P.A.

SUITE 1400
301 EAST PINE STREET (32801)
P.O. BOX 3068
ORLANDO, FLORIDA 32802-3068
TEL 407-843-8880
FAX 407-244-5690
WEB grayharris.com

WRITER'S DIRECT DIAL

407/244-5677

November 24, 2003

E-MAIL ADDRESS

ScSpradley@gray-robinson.com

VIA FEDERAL EXPRESS

Florida Department of State
Registration Section
Division of Corporations
409 E. Gains Street
Tallahassee, FL 32399

Re: Sammie Smith Courier Service, L.L.C.
Articles of Incorporation
Our File No.: 170120-1

Ladies and Gentlemen:

Enclosed are the following for filing in connection with the business referenced above:

1. Transmittal Letter;
2. Articles of Organization for Florida Limited Liability Company;
3. This firm's check in the amount of \$125 to cover the filing fee for the Articles of Incorporation and Designation of Registered Agent.

Thank you for your prompt attention to this matter. Should there be any question regarding the enclosed documents please call me at (407) 244-5677.

Sincerely,



Scott W. Spradley

SWS/dhp
Enclosures

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sammie Smith Courier Service, 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:

Maureen A. Vitucci

(Name of Person)

Gray, Harris & Robinson, P.A.

(Firm/Company)

301 E. Pine St., Suite 1400, PO Box 3068

(Address)

Orlando, Florida 32802-3068

(City/State and Zip Code)

For further information concerning this matter, please call:

Maureen A. Vitucci

(Name of Person)

at (407) 244-5632

(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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sammie Smith Courier Service, 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:

7401 Holly Street

Zellwood, Florida 32798

Mailing Address:

PO Box 843

Zellwood, Florida 32798

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

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

Maureen A. Vitucci

Name

301 E. Pine St., Suite 1400

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

Orlando, FL 32802-3068

City, State, and Zip

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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..



Registered Agent's Signature

(CONTINUED)

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:

| | |
|-------------|--------------------------------|
| <u>MGRM</u> | <u>Sammie Smith</u> |
| | <u>7401 Holly Street</u> |
| | <u>Zellwood, Florida 32798</u> |
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(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.)

SAMMIE L SMITH
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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TALLAHASSEE, FLORIDA

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