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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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2003 DEC - 1 PM 12: 20

TRANSMITTAL LETTER
TO: Registration Section Division of Corporations
TRANSMITTAL LETTER TO: Registration Section Division of Corporations SUBJECT: Ke-Crosh Trucking Library (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:
Tames K Crosby (Name of Person)
Ken Csosby Trucking LLC (Firm/Company)
$\mathbb{P}.0.\mathbb{R}_{6} \times 2271$ (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:

at (813) 765-5753 (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

ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORG FOR FLORIDA LIMITED LIAB	1 By 1
ARTICLE I - Name: The name of the Limited Liability Company is:	THE COMPANY
Ken Crasby Tru	cking, LLC
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5811 Paul Buchman Huy Plant City FL 33565	P.O. Box 2271 Plant City FL 33564
• •	, .

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

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

James K. Crasby 5811 Paul Buchman Huy
Florida street address (P.O. Box NOT acceptable)

Plant Cty, FL FLORIDA 33565
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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED) The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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.)

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

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)

Typed or printed name of signer