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(Requestor's Name)	-
(Address)	-
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(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	_
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DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO:

Registration Section

Division of Corporations

SUBJECT: Lakewood Transport, 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:

Debi K Fox

(Name of Person)

Lakewood Transport, LLC

(Firm/Company)

12617 5 MC Loud Rd

(Address)

MC Loud OK 74851-8509

(City/State and Zin Code)

For further information concerning this matter, please call:

Debi FOX at (405) 386-643 (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 03 DEC 26 AM In: nn



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 16, 2003

DEBI K. FOX LAKEWOOD TRANSPORT, LLC 12617 S MCLOUD RD MCLOUD, OK 74851-8509

SUBJECT: LAKEWOOD TRANSPORT, LLC

Ref. Number: W03000038282

We have received your document for LAKEWOOD TRANSPORT, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 103A00067302

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
Lakeumod Transp	ort, 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:		
307 OKlawaha Dr	12617 SM-LOUDRO		
Riverview, FL	McLoud, OKS &		
33569-5932	74851-850名 3		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature Registered agent are:			
The name and the Florida street address of the registered agent are:			
Patricia Mil	ler		
307 OK Much C Florida street address (P.O. Box N	OT acceptable)		
Riverview FLORIDA 33569-5932			

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)

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 MGRM Patricia A Miller 301 Oklauying Dy Riverview, FL 33519-5932 MGR Debi K Fox 12611 5 McLoud, DK 74851-8549 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

REQUIRED SIGNATURE:

that the facts stated herein are true.)

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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

Typed or printed name of signee