

# L04000008323

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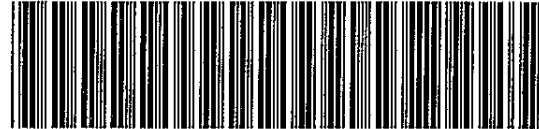
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Acknowledgement

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W. P. Verifier

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SECRETARY OF STATE  
HARRISBURG, PA

**TRANSMITTAL LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Reunion Relay Transportation, 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:

Marilyn G. Terrico  
(Name of Person)

Reunion Relay Transportation, LLC  
(Firm/Company)

4877 Lake Cecilia Dr  
(Address)

Kissimmee FL 34746  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gene Terrico at (407) 908 0009  
(Name of Person) (Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS

**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**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

REUNION RELAY Transportation, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

215 Celebration Place  
# 190 - E  
Celebration FL 34747

**Mailing Address:**

4877 Lake Cecile Dr  
Kissimmee FL 34746

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

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

MARILYN G. TERRICO  
Name

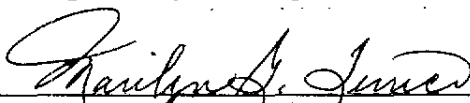
4877 Lake Cecile Dr  
Florida street address (P.O. Box **NOT** acceptable)

Kissimmee FLORIDA 34746  
City, State, and Zip

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STATE  
CLERK  
OFFICE

*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

**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:**

MGRM

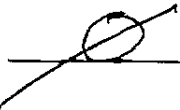
MARILYN G. TERRICO  
4877 Lake Circle Dr  
Kissimmee FL 34746

MGRM

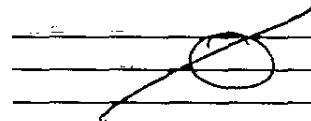
Becky B. Buongiorno  
815 Spring Park Loop  
Celebration FL 34747

MGRM

DARRELL D. SEVERINO  
1154 Celebration Ave  
Celebration FL 34747



(Use attachment if necessary)



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DIVISION OF CORPORATIONS

**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.)

MARILYN G. TERRICO  
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)