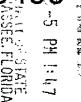
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| (Requestor's Name) | |
|---|---|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| (Business Entity Name) | ١ |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| | |
| | |

Office Use Only



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02/05/04--01050--011 **125.00



TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: SNAIND Trucking LLC From (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: | |
| Shedrick Swain Sr (Name of Person) | |
| Swain & Trucking (Firm/Company) | |
| 917 General St (Address) | |
| Havana 31 32333 (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Med mule Auron Al at (850) 599-2476 (Name of Person) (Area Code & Daytime Telephone Number) | |
| STREET ADDRESS: MAILING ADDRESS: | |

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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: | |
|--|--|
| Swain's Truckin | 4 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: |
| 917 General Street Howans, Horida 3233 | 417 General Atreet Herima Florida 32333 |
| ARTICLE III - Registered Agent, Registered Office | e, & Registered Agent's Signature: |
| The name and the Florida street address of the registered | |
| Shedrick Swain | - Pro R |
| Florida street address (P.O. Box N. City, State, and Zip | OT acceptable) 3.2333 |
| Having been named as registered agent and to accept s liability company at the place designated in this certific registered agent and agree to act in this capacity. I fur statutes relating to the proper and complete performan accept the obligations of my position as registered agen | cate, I hereby accept the appointment as ther agree to comply with the provisions of all ce of my duties, and I am familiar with and |

(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 | Name and Address: |
|-------------------------------|--|
| "MGRM" = Managing Member | |
| MGRM | - Shedrick Desau Jr. 917 Geneue It. |
| | |
| | |
| | As Of |
| | HAS: |
| | |
| (Use attachment if necessary) | ORDA |

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.)

Shedrick Shair Sr 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 5.00 Certificate of Status (Optional)