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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE OF FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JACKSONVILLE TRANSPORTATION GROUP, 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:

PAUL M. HARDEN
(Name of Person)

(Firm/Company)

1301 RIVERPLACE BOULEVARD, SUITE 2601
(Address)

JACKSONVILLE, FL 32207
(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL M. HARDEN at (904) 396-5731
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRANSPORTATION
JACKSONVILLE TRANSPORTATION GROUP, LLC

ARTICLE II - Address:

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

Principal Office Address:

1301 RIVERPLACE BOULEVARD

SUITE 2601

JACKSONVILLE, FL 32207

Mailing Address:

1301 RIVERPLACE BOULEVARD

SUITE 2601

JACKSONVILLE, FL 32207

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

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

PAUL M. HARDEN

Name

1301 RIVERPLACE BOULEVARD, SUITE 2601

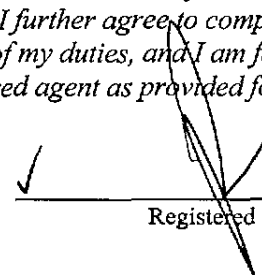
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE

FLORIDA 32207

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

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TALLAHASSEE, FLORIDA

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

PAUL M. HARDEN

1301 RIVERPLACE BLVD., SUITE 2601
JACKSONVILLE, FL 32207

(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.)

Frederick L. Bakman, Jr.

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)

FEB-03-2004 TUE 03:48 PM PAUL M. HARDEN

FAX NO. 9043995461

P. 02

02/03/2004

15:33

BATEMAN HARDEN 2ND FLOOR → 2*9991000100*19043995461

NO.253

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POWER OF ATTORNEY

I, Paul M. Harden, do hereby grant to Frederick Leo Bateman, Jr. a Power of attorney for the purpose of formulating corporations, LLC's and other entities as I direct. This power of attorney is made to effectuate the formation of said entities, as said entities require an initial filing in Tallahassee, FL.

Paul M. Harden
Paul M. Harden

3 FEB 04
Date

STATE OF FLORIDA
COUNTY OF DUVAL

Jennifer L. Grant
Notary

Jennifer L. Grant
Print Name

8/16/06
My Commission Expires

JENNIFER L. GRANT
NOTARY PUBLIC, STATE OF FLORIDA
My commission expires Aug. 16, 2006
Commission No. DD127069