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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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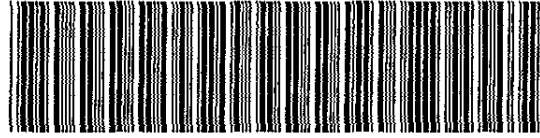
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ATLANTIC INTERMODAL LOGISTICS, 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:

A. DAVID DASHOFF

(Name of Person)

SAME

(Firm/Company)

PO BOX 533

(Address)

CHERRY HILL, NJ 08003

(City/State and Zip Code)

For further information concerning this matter, please call:

A. David Dashoff

(Name of Person)

at ( 856 ) 983-2664

(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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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ATLANTIC INTERMODAL LOGISTICS , LLC

## ARTICLE II - Address:

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

### Principal Office Address:

3058 Old Kings Road  
Jacksonville, Florida 32254

### Mailing Address:

PO Box 600174  
Jacksonville, FL 32260

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

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

BRIAN BENSON

Name

3058 Old Kings Road

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

Jacksonville FL 32254

City, State, and Zip

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*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, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature

(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

**Name and Address:**


BRIAN BENSON

3058 Old Kings Road  
Jacksonville, FL 32254

(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.)

BRIAN BENSON

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)

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