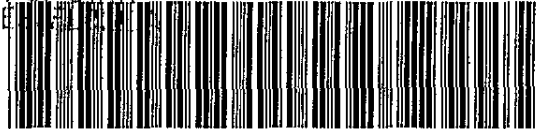


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SECRETARY OF STATE
TALLAHASSEE, FL



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08/30/04--01037--025 **160.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HI TECH FUEL, LLC

(Name of Limited Liability Company)

FILED

2004 AUG 30 P 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT F. MAHONEY, CPA

(Name of Person)

ROBERT F. MAHONEY, P.A.

(Firm/Company)

7777 GLADES ROAD, SUITE 209

(Address)

BOCA RATON, FL 33434

(City/State and Zip Code)

For further information concerning this matter, please call:

BOB MAHONEY, CPA

(Name of Person)

at (561) 451-9990

(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

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

FILED

2004 AUG 30 P 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

HI TECH FUEL, LLC

ARTICLE II - Address:

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

Principal Office Address:

5205 NW 64th TERRACE

LAUDERHILL, FL 33319

Mailing Address:

5205 NW 64th TERRACE

LAUDERHILL, FL 33319

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

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

ROBERT F. MAHONEY, P.A.

Name

7777 GLADES ROAD, SUITE 209

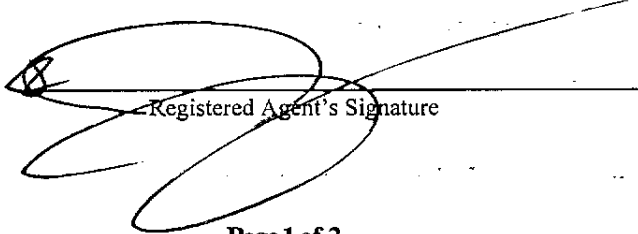
Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON

FLORIDA 33434

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

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

HILDA HOSANG

5205 NW 64th TERRACE

LAUDERHILL, FL 33319

MGMR

CHRISTOPHER MILLER

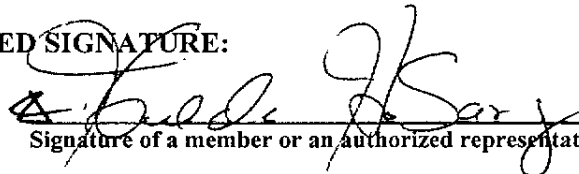
300 NW 189th TERRACE

PEMBROKE PINES, FL 33029

(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.)

HILDA HOSANG

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)