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PICK-UP WAIT	MAIL			
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Certified Copies Certificates of St	atus			
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Special Instructions to Filing Officer:				
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TRANSMITTAL LETTER

	tration Section ion of Corporations	
SUBJECT: G	Sulf Coast Hauling LLC	
	(Name of Limited Liability Company)	**************************************
The enclosed A	articles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the fe	ollowing:
	Robert J Russ	
	(Name of Person)	
<u>G</u>	Sulf Coast Hauling LLC	
_	(Firm/Company)	
565 Tal	llow Tree Dr.	
	(Address)	
	Pensacola, Fl. 32506	
	(City/State and Zip Code)	TAL SEC
For further info	rmation concerning this matter, please cali:	I AND SO
Robert Russ	at (850) 450-1246	FILE DOT 15 AHASSEE
	(Name of Person) (Area Code & Daytime Teleph	home Number) 그 로
	,	3: 08 IATE ORIDA
		₹1:1 (2)

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 Taliahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Gulf Coast	fauling LLC
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Gulf Coast Hauling LLC	Gulf Coast Hauling LLC
565 Tallow Tree Dr.	565 Tállow Tree Dr.
Pensacole, Fl. 32506	Pensacola, Fl. 32506
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered	
Robert J Russ	SE S III
Name	
565 Tallow Tree Dr.	Tacceptable)
Florida street address (P.O. Box NC	M acceptable)
Pensacola FL0	ORIDA 32506
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 Signature

Page 1 of 2 (CONTINUED)

Title: "MGR" - Manager "MGRM" - Managing Member	Name and Address:	
President - MGR	Robert J Russ	
	565 Tallow Tree Dr.	
	Pensacola, Fl. 32506	
		O4 OCT 15
(Use attachment if necessary)		3: 08 ATE 0: 00 A

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)

nature of a member of 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

Typed or printed name of signee

that the facts stated herein are true.)

Robert J Russ