

L04000077922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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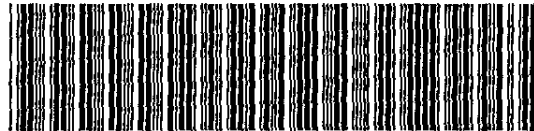
(Business Entity Name)

(Document Number)

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L2 10/27/04

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TRANSMITTAL LETTER

ATX1

TO: Registration Section
Division of Corporations

SUBJECT: K. Ross Trucking, 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:

Neika Cash Taylor
(Name of Person)

Select Services, Inc and John A. McCole, CPA
(Firm/Company)

Post Office Box 805
(Address)

Salisbury, NC 28145-0805
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Neika Cash Taylor, Organizer at (800) 647-0027
(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

K. Ross Trucking, LLC

20-1284820

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

ATX1

ARTICLE I - Name:

The name of the Limited Liability Company is:

K. Ross Trucking, LLC

ARTICLE II - Address:

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

Principal Office Address:

K. Ross Trucking, LLC

Niceville, FL

1477 Pine St
32578

Mailing Address:

K. Ross Trucking, LLC

Niceville, FL

1477 Pine St
32578

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

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

Kevin J. Ross

Name

596 Woodlow Road

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

Niceville

FLORIDA 32518

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Kevin J. Ross

Registered Agent's Signature

K. Ross Trucking, LLC

20-1284820

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

ATX1

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Kevin J. Ross

Niceville, FL

1477 Pine St
32578

MGRM

Kevin J. Ross

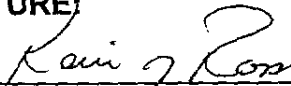
Niceville, FL

1477 Pine St
32578

(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.)

Kevin J. Ross

Typed or printed name of signee

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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FILED

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)