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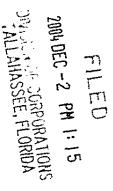
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J. BRYAN NOV - 2 2004

J. BRYAN DEC 9 2004

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: A. RAY LAMBERT OVERSIZE LOAD ESCORT LLO
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
A. RAY LAWBERT LLC. (Name of Person)
A. RAY LAMBERT OVERSIZE LOAD ESCORT LLC (Firm/Company)
6013-A-LAKETREE LAKE (Address)
TEMPLE TERRACE FL 33617 (City/State and Zip Code)
For further information concerning this matter, please call:  A. Ray Lambert at \$13 984-1351
(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



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 2, 2004

A. RAY LAMBERT A. RAY LAMBERT OVERSIZE LOAD ESCORT LLC 6013-A LAKETREE LANE TEMPLE TERRACE, FL 33617

SUBJECT: A. RAY LAMBERT OVERSIZE LOAD ESCORT LLC

Ref. Number: W04000040109

We have received your document for A. RAY LAMBERT OVERSIZE LOAD ESCORT LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 504A00062802

Joey Bryan Document Specialist THE PH 1: 15

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

A. RAY LAMBERT OVERSIZE LOAD ESCORT PAGE

ARTICLE II - Address:

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

Principal Office Address:
A. RAY LAMBERT OVERSIZE LOAD ESCORTUCAL Mailing Address:
A. RAY LAMBERT OVERSIZE LOAD ESCORTUCAL MAINING ADDRESSIZE LOAD ESCORT LL.

6013-A-LAKETREE LAHE

TEMPLE TERRACE,

TEMPLE TERRACE,

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

LORINA 33617

A, RAY LAMBERT
Name

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

TEMPLE TERRACE FLORIDA 334/7
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..

Registored Agent's Signature

Page 1 of 2 (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	Name and Address:
MGRM	A. RAY LAMBERT LOO 13-A-LAMETREE LAME TETMPLE TERRACE, EL 33617
	THE TIMES
	TO PACE TO THE PAC
(Use attachment if necessary)	
NOTE: An additional article mu	st be added if an effective date is requested.
A. Pau	r an authorized representative of a member.
of this document constitute that the facts stated herein  A. RAV. L.	AMBERT LELL-OSL-34-HIL-D
Filing Fees: \$100.00 Filing Fee for Articles of Organization	This instrument was swom to and substructed to before me
S 25.00 Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)	arthur Ray Famuer did take the outh ! Walking M. Holland &
	William M. Holland, 3r.  Page 2 of 2  MY COMMISSION # DD241536 EXPIRES  August 13, 2007  Bonded thru troy fain insurance, inc.