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: (608)827-5300

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LIMITED LIABILITY COMPANY

M.J.S. Trucking LLC

ertificate of Status	0
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ge Count	03
timated Charge	\$155.00
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ARTICLES OF ORGANIZATION OF M.J.S. Trucking LLC

ARTICLE I

NAME

The name of the limited liability company shall be: M.J.S. Trucking LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 17021 Upriver Dr. #187, North Fort Myers, Florida 33917.

ARTICLE III

INITIAL RECISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Mary Tyson, 17021 Upriver Dr. #187, North Fort Myers, Florida 33917. Located in the County of Lee.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and Alfe name and address of the member of the Limited Liability Company is:

Mary Tyson, 17021 Upriver Dr. #187, North Fort Myers, Florida 33917

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Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

FAX AUDIT # 4754002461143

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: M.J.S. Trucking LLC

The name and address of the registered agent and office is: Mary Tyson, 17021 Upriver Dr. #187, North Fort Myers, Florida 33917. Located in the County of Lee.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Mary Tydon

Date: November 23, 2004

2004 DEC 14 AM 9: 52 SECRETARY OF STATE

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