)50000/0///

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000025292 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

From:

: EMPIRÉ COMPORATE KIT COMPANY Account Name

Account Number: 072450003255 Phone : (305) 634-3094

Fax Number

: (305)633-9696

LIMITED LIABILITY COMPANY

cummings trucking, llc

Certificate of Status	0
Certified Copy	1
Page Count	N3
Estimated Charge	\$155.00

Madizonia filing, Mazu.





ARTICLES OF ORGANIZATION OF Cummings Trucking, LLC

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

ARTICLE I NAME

The name of this limited liability company is: Cummings Trucking, LLC

ARTICLE II PRINCIPAL OFFICE/MAILING ADDRESS

The principal office and mailing address of this limited liability company is:

· 5509 Mulberry Drive .Tamarac, Florida 33319

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:
Byron Cummings
5509 Mulberry Drine
Tamarac, Florida 93019

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 abligations of my position as registered agent as provided for in Chapter 608, F.S.

Byron Cummings Registered Agent

Prepared By: Ingrid M. Nacimin; CPA, Licence No. AC-0032360 10235 West Springle Road Smit; 205 Corst Nations, FL 31065 984-791-2758

Inchana5202

P. 62/83



ARTICLE IV MANAGEMENT

The limited liability company is to be managed by its members and is, therefore, a member-managed company. The name and address of each member is as follows:

Byron Cummings – Manager 5509 Mulberry Drive Tamarac, Florida 33319

Name: Byron Cummings

Title: Authorized Representative of the Members.

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

2005 JAN 31 AM ID: 39
DIVATIONS CORPORATIONS
AHASSEE, FLORIDA

Prepared By: Ingrid M. Bathelor CPA License No. AC-0032360 10235 West Sample Road Suite 205 Coral Springs, FL 33065 954-752-2758