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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : KOCH & COMPANY, CPAS, P.A.  
Account Number : 119990000002  
Phone : (941)637-0544  
Fax Number : (941)637-9693

**LIMITED LIABILITY COMPANY**

**CAPERS TRUCKING, LLC**

Certificate of Status	0
Certified Copy	0
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**ARTICLES OF ORGANIZATION  
OF**

((H05000045836 3)))

**CAPERS TRUCKING, LLC**

**ARTICLE 1 - NAME**

The name of the Limited Liability Company is CAPERS TRUCKING, LLC,  
(hereinafter, "Limited Liability Company").

**ARTICLE 2 - ADDRESS**

The street address of the principal office of this Limited Liability Company shall be:  
34460 Bermont Rd., Punta Gorda, FL 33982

**ARTICLE 3 - REGISTERED OFFICE AND REGISTERED AGENT**

The name and street address of the registered agent of this Limited Liability Company is:

Betsy M. Graham, 34460 Bermont Rd., Punta Gorda, FL 33982

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF ORGANIZATION**

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  
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  
am familiar with and accept the obligations of my position as registered agent.

By: Betsy M. Graham  
Betsy M. Graham, Registered Agent

By: Betsy M. Graham  
Betsy M. Graham, Organizing Member

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State of Florida  
County of Charlotte

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

Notary Signature \_\_\_\_\_