

205000019827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

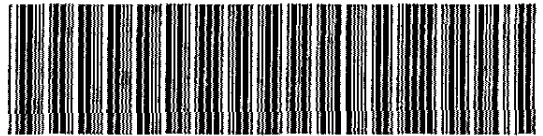
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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

ATX1

TO: Registration Section
Division of Corporations

SUBJECT: Salmon Transportation, 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, Organizer
(Name of Person)

c/o Select Service, Inc. and John A. McCole, CPA
(Firm/Company)

Post Office Box 805
(Address)

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

For further information concerning this matter, please call:

Neika Cash Taylor, organizer
(Name of Person)

at (800) 647-0027 ext 827
(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

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TALLAHASSEE FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Selmon Transportation, LLC

ARTICLE II - Address:

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

Principal Office Address:

Selmon Transportation, LLC

5459 Chantilly Circle

Milton, FL 32583-1687

Mailing Address:

Selmon Transportation, LLC

5459 Chantilly Circle

Milton, FL 32583-1687

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

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

Francis Maxwell Selmon

Name

5459 Chantilly Circle

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

Milton

FLORIDA 32583-1687

City, State, and Zip

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TALLAHASSEE, FLORIDA

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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..



Registered Agent's Signature

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

Francis Maxwell Selmon

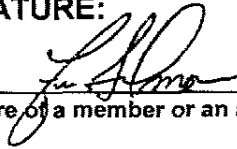
5459 Chantilly Circle

Milton, FL 32583-1687

(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.)

Francis Maxwell Selmon, Managing Member

Typed or printed name of signee

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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)

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