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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Triton Freight and Logistics L.L.C. (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:
Mary A. Runno (Name of Person)
Triton Freight & Louistics A.L.C. Priton Freight & Louistics A.L.C. (Firm/Company) 9700 Hammocks Alva., Suite 204 (Address)
9700 Hammocks Alvd., Suite 204
Miami, FL 33196 (City/State and Zip Code)
For further information concerning this matter, please call:
Mary Runno at (305) 244-4132 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status □ \$155.00 Filing Fee & Certificate of Status □ \$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

409 E. Gaines Street Tallahassee, Florida 32399 P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Triton Freight and Logistics L.L.C **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Com **Principal Office Address:** Mailing Address: 9200 Hammocks Blvd 9700 Hammocks Blvd. Suite 204 Suite 204 Miamis FL 33196 Miami, FL 33196 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: 9900 Hammock's Rivd. #204 Florida street address (P.O. Box NOT acceptable) Miami, FL 33196 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 the proper agent as provided for in Chapter 608, F.S..

(CONTINUED)

Page 1 of 2

egistered Agent

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGR	Mary Runno 9700 Hammocks Bivd., #204 Miami, FL 33196
	SET.
(Use attachment if necessary)	
NOTE: An additional article mu	st be added if an effective date is requested.
(In accordance with	ther or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury d herein are true.)
	Mary A. Runno Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)