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(Requestor's Name)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Dusiness Estitutions)				
(Business Entity Name)				
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

	gistration Se vision of Cor				
SUBJECT		TRAVEL P	LAZA LLC		
	•	(Name of Limited	d Liability Company)		
		Organization and fee(s) are so	_		
		Laura St	ephens		
			Name of Person)		
		Flying .Linc. Le	gal Department		
**************************************			Firm/Company)		
		4404.0	100 5	05 MA SECR TALLA	alt:
1104 Country Hills Drive (Address)				——————————————————————————————————————	a D
		Ogden, Uta (City/	ah 84403 State and Zip Code)	SECRETARY OF STATE ALLAHASSEE, FLORIDA	No. of Contract Contr
For further	information o	concerning this matter, please	call:	k	
Laura	Stephens (Name	of Person)	at (801) 624 - (Area Code & Daytime T		
Enclosed i	s a check fo	r the following amount:			
⊠ \$125.00	Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regist Divisio 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	:
TRAVEL PLAZA LLC	
A DIDY OF THE A LL	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
•	
Principal Office Address:	Mailing Address:
1104 Country Hills Drive	1104 Country Hills Drive
Ogden, UT 84403	Ogden, UT 84403
ARTICLE III - Registered Agent, Registered	d Office, & Registered Agent's Signature
The ways and the Elevide street address - Ether	
The name and the Florida street address of the	registered agent are:
Corporation Service	e Company : 📆 💆
Name	<u> </u>
1201 Hays	
Florida street ad	dress (P.O. Box NOT acceptable)
Tallahassee,	FL 32301
City, State,	and Zip
	accept service of process for the above stated limited
	this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all
statutes relating to the proper and complete pe	erformance of my duties, and I am familiar with and
accept the obligations of my position as regi	stered agent as provided for in Chapter 608, F.S
1/1.50	
MENSING	
Registered Agent	s Signature

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Flying J Inc. (100% owner) 1104 Country Hills Drive Ogden, UT 84403	
	05 MAY 16 SECRETA TALLAHAS	Π
(Use attachment if necessary) NOTE: An additional article must be a	dded if an effective date is requested.	TI フ
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.)

Barre G. Burgon, Senior VP & Secretary of Flying J Inc.
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)