L05000096464

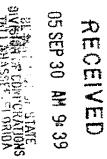
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |





100059988271

09/30/05--01007--00/ **155.00





| EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address CORAL GABLES, FL 33134 (305) 444-4994 City/State/Zip Phone # OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): | |
|--|----|
| 1000 PONCE DE LEON BLVD. SUITE:101 Address CODAL CARLES EL 22124 (205) 444 4994 | |
| Address (205) 444 4994 | |
| CORAL GABLES, FL 33134 (305) 444-4994 City/State/Zip Phone # | V |
| OFFICE HEE ONLY | V. |
| | \ |
| OFFICE USE UNL! | ク |
| CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): | |
| 1. Occument#) | |
| 2. (Corporation Name) (Document #) 3. | |
| (Corporation Name) (Document #) | |
| (Corporation Name) (Document #) | |
| Walk in Pick up time Certified Copy | |
| Mail out Will wait Photocopy Certificate of Status | |
| NEW FILINGS AMENDMENTS | |
| Profit Amendment | |
| NonProfit Resignation of R.A., Officer/ Director | |
| Limited Liability Change of Registered Agent | |
| Domestication Dissolution/Withdrawal | |
| Other Merger | |
| | , |
| OTHER FILNGS REGISTRATION/ QUALIFICATION | |
| Annual Report Foreign | |
| Fictitious Name Limited Partnership | |

Reinstatement Trademark

Examiner's Initials

Other

CR2E031(9/92)

| ARTICLES OF ORGANIZATION FOR FI | ORIDA LIMITED LIABILITY COMPANY |
|--|--|
| ARTICLE I - Name: | 建设 张 人 |
| The name of the Limited Liability Company is: | ed Company" or their abbreviation "LLC," or "L.C.,") |
| SAM TRANSPORT SERVICES, LLC | Grand Contraction of the Contrac |
| (Must end with the words "Limited Liability Company, "Limit | ed Company" or their abbreviation "LLC," or "L.C.,") |
| ADDICE E A Adminis | A CONTRACTOR OF THE PARTY OF TH |
| ARTICLE II - Address: The mailing address and street address of the pu | rincipal office of the Limited Liability Company is: |
| The maining address and street address of the pr | incipal office of the Difficed Elability Company is. |
| Principal Office Address: | Mailing Address: |
| 8357 WEST FLAGLER STREET STE: 312 | 8357 WEST FLAGLER STREET STE: 312 |
| MIAMI, FLORIDA 33144 | MIAMI, FLORIDA 33144 |
| | |
| (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the MARCELO J. AR | registered agent are: |
| Name | |
| 8357 WEST FLAGLER | the first of the f |
| Florida street ad | dress (P.O. Box NOT acceptable) |
| MIAMI | FL 33144 |
| City, State, | and Zip |
| liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pe | accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S |
| Registered Agent's Signa | (PEOLIDED) |
| registered Agent a signa | me (undorum) |

(CONTINUED)
Page 1 of 2

1.5:

| Title: | Name and Address: |
|---|---|
| "MGR" = Manager "MGRM" = Managing Member | |
| MGRM | MARCELO J. ARONOWICZ |
| ************************************** | 8357 WEST FLAGLER STREET STE: 312 |
| | MIAMI, FL 33144 |
| MGRM | ALBERTO E. OROSCO |
| | 8357 WEST FLAGLER STREET STE: 312 |
| | MIAMI, FL 33144 |
| | |
| ************************************** | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| (Cac attachment in necessary) | |
| • | on the date of filing: |
| LE V: Effective date, if other that | on the date of filing: (OPTIO) ust be specific and cannot be more than five business of |
| LE V: Effective date, if other that | an the date of filing: (OPTIO) rust be specific and cannot be more than five business of |
| LE V: Effective date, if other thatective date is listed, the date m | an the date of filing: (OPTIO) sust be specific and cannot be more than five business of |
| LE V: Effective date, if other thatective date is listed, the date m | an the date of filing: (OPTIO) ust be specific and cannot be more than five business of |
| LE V: Effective date, if other that fective date is listed, the date medays after the date of filing.) | an the date of filing: (OPTIO) nust be specific and cannot be more than five business of |
| LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.) REQUIRED SIGNATURE: | an the date of filing: |

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)

Typed or printed name of signee