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LAW OFFICES
JACOBI & JACOBI
PROFESSIONAL ASSOCIATION

BENJAMIN R. JACOBI
JOEL S. JACOBI

1313 N.E. 125 STREET
NORTH MIAMI, FL 33161

TELEPHONE
DADE (305) 893-4135
BROWARD (954) 921-4026
TELEFAX
(305) 893-4173

November 17, 2005

Secretary of State
Division of Corporations
Dept. Of State
P.O. Box 6327
Tallahassee FL 32314

Re: No Doubt Transport, LLC

Gentlemen:

Enclosed please find two sets of Articles of Incorporation for the above LLC along with a check in the amount of \$125.00 and a self-addressed stamped envelope for forwarding a certified copy of the Articles to the undersigned.

Thank you for your cooperation and courtesies in this matter.

Very truly yours,

JACOBI & JACOBI, P.A.

BY: 

BENJAMIN R. JACOBI

BRJ:crm
Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NO DOUBT TRANSPORT, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1313 NE 125th Street - #200
North Miami FL 33161

Same

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

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

WILLIE HAYES

Name

1313 NE 125th Street - #200

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

North Miami FL 33161

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 my position as registered agent as provided for in Chapter 608, F.S.

Willie Hayes
Registered Agent's Signature

WILLIE HAYES

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(CONTINUED)

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

"MGRM" = Managing Member

WILLIE HAYES

REQUIRED SIGNATURE:

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
ALL INFORMATION CONTAINED
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DATE 08-01-2001 BY 60322
UCBAW

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