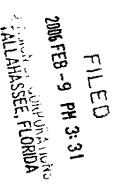
## L06000014472

| (Requestor's Name)   |
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|  |
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| (City/State/Zip/Phone #)   |
|  |
| PICK-UP WAIT MAIL  |
|  |
| (Business Entity Name)   |
|  |
| (Document Number)  |
|  |
| Certified Copies Certificates of Status  |
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| Constitution in the contract of the contract o |
| Special Instructions to Filing Officer:  |
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Office Use Only



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| ACCOUNT NO. : 072100000032 | ACCOUNT | NO. | : | 072100000032 |
|----------------------------|---------|-----|---|--------------|
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REFERENCE: 860788 7497335

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: February 9, 2006

ORDER TIME : 11:43 AM

ORDER NO. : 860788-005

CUSTOMER NO: 7497335

## DOMESTIC FILING

NAME: C & H DELGADO TRANSPORTS, LLC

## EFFECTIVE DATE:

| CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION      |
|--|
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:                  |
| CERTIFIED COPY  PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING |
| CONTACT PERSON: Susie Knight - EXT. 2956                         |

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C., ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Florida street address (P.O. Box NOT acceptable) 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.. Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

| ARTICLE IV- Manager(s) or Manager The name and address of each Manager                |  |
|---|--|
| Title: "MGR" = Manager "MGRM" = Managing Member  MCC  MCC  MCC  MCC  MCC  MCC  MCC  M | Name and Address:  Carlos J. Delgad & J.   |
| (Use attachment if necessary)   |  |
| ARTICLE V: Effective date, if other than the  | date of filing: DTK OF FILING. (OPTIONAL) specific and cannot be more than five business days prior  |
| (In accordance with sec   | or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury perein are true.) |

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