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| Special Instructions to Filing Officer: | | | | | | |
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COVER LETTER

TO:

Registration Section

| Division of C | orporations | | • |
|--------------------------|---|--|---|
| SUBJECT: | GOLDin | TRACTOR | SFRUice |
| | (Name of Limi | ted Liability Compan | y) |
| The enclosed Articles | of Organization and fee(s) are | submitted for filing. | |
| Please return all corres | pondence concerning this ma | tter to the following: | |
| | LARRY E. | (Name of Person) | , |
| | • | (Name of Person) | 711 |
| | GOLDIN 7. | RACTOR SE (Firm/Company) | Ruice |
| | | , | |
| | 3206 WHIRE | (Address) | 200 |
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| | <i>TAIC - EC .</i> (Ci | 30309 ty/State and Zip Code) | |
| For further information | concerning this matter, pleas | e call: | |
| / APRY 6.0 | | at (\$50 | € 91 - 9/07 |
| LARRY GO (Nam | e of Person) | (Area Code & | \$91 - 910 7 & Daytime Telephone Number) |
| Enclosed is a check t | for the following amount: | | |
| □ \$125.00 Filing Fee | S130.00 Filing Fee & Certificate of Status | \$155.00 Fili Certified Copy (additional copy is | Certificate of Status & |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registration Division of Clifton Bui 2661 Exect | Corporations |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE The name o | I - Name: If the Limited Liability | Company is: | • | |
|---------------------------------------|---|---|---|--|
| (Must end with | Cold Din the words "Limited Liability C | TRACFOR Sompany, "Limited Compar | SERVICE CC y" or their abbreviation "LI | C LC," or "L.C.,") |
| | II - Address: g address and street add | ress of the principal | office of the Limited | Liability Company is: |
| Principal C | Office Address: | <u>Maili</u> | ng Address: | |
| 3206 | | <u> </u> | SAMC | |
| TACC. | FC 32309 | . - | | <u></u> |
| business entity | iability Company cannot serve with an active Florida registrand the Florida street add | tion.) dress of the registere V 60000 Name | d agent are: | OG FEB 16 PH SECRETARY OF |
| | | WHIRCAWAY orida street address (P.O | | IIIO: |
| | | • | • • | O7 RID |
| | | City, State, and Zip | | |
| liability registered statutes r | en named as registered as company at the place de agent and agree to act in elating to the proper and the obligations of my pos | esignated in this certi n this capacity. I furti l complete performan | ficate, I hereby accept her agree to comply w ce of my duties, and I gent as provided for in | t the appointment as with the provisions of all am familiar with and |
| | 100,00000 | Dam a a-Dimens (1,00) | | |

(CONTINUED) Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM 3206 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.) GOEDIN

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

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