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(Re	questor's Name))			
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PICK-UP	WAIT	MAIL			
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SECRETARY OF STATE DIVISION OF CORPORATIONS

B BOLLOW MAY SE JUNE

EFFECTIVE DATE

5-15-06

COVER LETTER..

TO: Registration Section Division of Corporations				
SUBJECT: BUDDY'S TRUCKING, LLC.				
	(Name of Limited	Liability Company)		
The enclosed Articles of O	organization and fee(s) are su	abmitted for filing.		
Please return all correspond	dence concerning this matter	r to the following:		
BASHEIR /				
	(1)	Name of Person)		
BUDDY'S TRUCKING, LLC.				
	(I	Firm/Company)		
11835 NE	W CHAPEL CO	DURT		
		(Address)		
ORLANDO	O, FLORIDA, 3	2837		
	(City/	State and Zip Code)		
For further information con	ncerning this matter, please of	call:		
BASHEIR AHMA	AD	at (321) 276-58	31	
(Name of	***************************************	(Area Code & Daytime To	elephone Number)	
Enclosed is a check for the following amount:				
	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
BUDDY'S TRUCKING, LLC.			
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Comp	pany i	is:
Principal Office Address:	Mailing Address:		
11835 NEW CHAPEL COURT	11835 NEW CHAPEL COURT		
ORLANDO, FLORIDA, 32837	ORLANDO, FLORIDA, 32837		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re-	ered Agent. You must designate an individual or another	OS MAY 1	SECRETAI DIVISION OF
BASHEIR AHMAD		сэ 	2500 1500 1500 1500 1500 1500 1500 1500
Name		<u> </u>	문 당 1915
11835 NEW CHAPEL COURT Florida street address (P.O. Box NOT acceptable)		5:15	STATE
ORLANDO,	FL 32837		
City, State, as	nd 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..

Registered Agent's Signature (REOUIRED)

(CONTINUED)
Page 1 of 2

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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:	
MGRM [MGRM]	BASHEIR AHMAD 11835 NEW CHAPEL COURT ORLANDO, FLORIDA, 32837	7
		1,
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be 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.)

BASHEIR AHMAD

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)