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J. BRYAN JUN 21 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gray's Taxi LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon Gray

(Name of Person)

Gray's Taxi

(Firm/Company)

4904 NW Royal Palm

(Address)

Arcadia, Florida 34266

(City/State and Zip Code)

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For further information concerning this matter, please call:

Sharon Gray at (863) 494-1278
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FAX AUDIT # _____

**ARTICLES OF ORGANIZATION
OF
Gray's Taxi LLC**

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ARTICLE I NAME

The name of the limited liability company shall be: **Gray's Taxi LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 4904 NW Royal Palm Drive , Arcadia, Florida 34266.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Sharon Gray, 4904 NW Royal Palm Drive , Arcadia, Florida 34266. Located in the County of DeSoto.

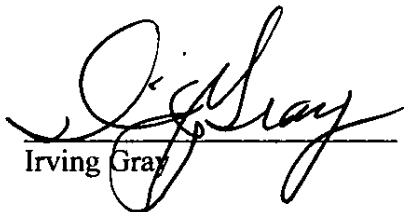
ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Irving Gray, 4904 NW Royal Palm , Arcadia, Florida 34266
Sharon Gray, 4904 NW Royal Palm , Arcadia, Florida 34266


Irving Gray

Prepared by Irving Gray, 4904 NW Royal Palm Drive , Arcadia, Florida 34266

FAX AUDIT # _____

FAX AUDIT # _____

CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Gray's Taxi LLC**

The name and address of the registered agent and office is Sharon Gray, 4904 NW Royal
Palm Drive , Arcadia, Florida 34266. Located in the County of DeSoto.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: _____


Sharon Gray

Date: 06-12-06

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