✓ PLEASE READ ALL INSTRUCTIO. BEFORE COMPLETING THIS FORM. II ED nected FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS 2007 AUG -8 AM 10: 29 DOCUMENT# L06000071707 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Limited Liability Company's Name southernmost transport, LLC CR2E041 (1/07) 3. Mailing Office Address 13820 sw 10 terr 2 Principal Office Address - No P.O. Box # 13820 SW 10 terr 4. State/Country of Formation Miami, fla . u.s Suite, Apt. #, etc. 5. Date Organized or Qualified 7-19-2006
To Do Business in Florida 07-19-2006 home home City & State City & State Applied For miami, fla. 75-3219423 miami, fla. Not Applicable Country Country <sup>2</sup>33184 33184 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required u s a usa 8. Name and Address of Current Registered Agent A \$100 reinstatement fee is imposed, except Amalec pedraja in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this box, you are certifying the prior notices were Suite, Apt. #, Etc. Nome not received and requesting the \$100 reinstatement be waived. 33184 miami. liability company, am familiar with and accept the obligations of Chapter 608, F.S. 9. I, being appointed the registers Date 07-05-2007 Signature of Registered Age REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers City / State / Zip miami, fla. 33184 13820 sw 10 etrr /amalec pedraja owner FF \$50.00 800108394808 08/21/07-01065-024 I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The introduction indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

ചging Member/Manage

ped or printed name of signing Managing Member/Manager amalec pedraja

Date 07-05-07 Davtime Phone #305-552-5469