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EFFECTIVE DATE



COVER LETTER

TO: Registration/Section Division of Corporations				
SUBJECT: RITCHIE TRUCKING, 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:				
RAIMONDAS BITKAUSKAS				
(Name of Person)				
RITCHIE TRUCKING, LLC				
(Firm/Company)				
4001 S. WESTSHORE BLVD., APT - 1116				
(Address)				
TAMPA, FL 33611				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
RAIMONDAS BITKAUSKAS at (708) 369-1644				
(Name o	f Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for	the following amount:			
\$125.00 Filing Fee	\$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:

RITCHIE TRUCKING, LLC

(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:

Principal Office Address:

Mailing Address:

RAIMONDAS BITKAUSKAS 4001 S. WESTSHORE BLVD., APT - 1116 TAMPA, FL 33611 RAIMONDAS BITKAUSKAS 4001 S. WESTSHORE BLVD., APT - 1116 TAMPA, FL 33611

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:

Name

GANOY FLORIST A WEDDING SERVICE

S130 S. DALE MARKY MV. 1012

TAMPA FLORIDA 33811

S13.839 0284

City, State, and 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGR RAIMONDAS BITKAUSKAS 4001 S. WESTSHORE BLVD., APT - 1116 TAMPA, FL 33611 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 2-07-06 (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.)

RASA GULBINAITE

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)