L0600000095537

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
- Falls

Office Use Only



900081567899

11/09/06--01035--003 **125.00

SECRETARY OF STATE TALLAHASSEE. FLORIDA

COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT:	MS Trans (Name of Limite	Weting LL d Liability Company)	C
The enclosed Articles	s of Organization and fee(s) are s	ubmitted for filing.	
Please return all corre	espondence concerning this matte	er to the following:	
	Tarc Schaede		
	(Name of Person)	
	MS Transi	overling LL	
_		Firm/Company)	
84	94 Dinastur 1)oʻru	
-	-	(Address)	7
Rocc	Rober FL 3	33433	2006 SECI
	(City	/State and Zip Code)	AO LE
For further information	on concerning this matter, please	call	9 SSEE SARY (
~ A O	t	-	יבור ס
17 arc 5	<u>chaedel</u>	at (954) 295	6808 W
(Na:	me of Person)	(Area Code & Daytime T	elephone (winder)
Enclosed is a check	for the following amount:		
\$125.00 Filing Fe	e \$\sum \\$130.00 \text{ 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 Corporatio Clifton Building 2661 Executive Center	ns · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
MS Transporting	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 prin	ocipal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
8494 Dynasty Drive Bora Rodon J. Floxida	BOCA ROTOR FLORIDA
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registered (Name State City, State, and City, State, City, City, City, State, City, Ci	gistered agent are: CLE CLE

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Marc Schaedel
	BUGY Dynasty Drive. Boca Raton JFL 33433
	00ca Kath 4FC 35435
MGRM (Secretary)	Stace Mahin
7)	8494 Dynosty Drive
9	Boca Ratin Fr 33433
	SE SE
·	ECAN
	HASSA VOV
	<u> </u>
(Use attachment if necessary)	11 to the contract of the cont
(Ose attachment if necessary)	
ICLE V: Effective date, if other than th	
	be specific and cannot be more than five business day
90 days after the date of filing.)	

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

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.)

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)