### Florida Department of State

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To:

Division of Corporations . .

From:

Account Name : THE FLORIDA COMPANY

Account Number : 120060000001

Phone

: (608)827-5300

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: (608)824-0405

## BILITY CO.

#### **Comfort Transportation LLC**

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## ARTICLES OF ORGANIZATION Comfort Transportation LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Comfort Transportation LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 5809 Newfoundland Circle #1, Ft. Myers, Florida 33907.

The name and address of the initial registered agent is: Business Filings Incorporated, the County of Leon.

ARTICLE IV

The duration for the limited liability company shall be: 12/31/2047.

#### ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Donald Schneider, 5809 Newfoundland Circle #1, Ft. Myers, Florida 33907

The Florida Incorporating Company, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, The Florida Incorporating Company, 8025 Excelsior Dr., Suite 200, Madison, WI 53717

(608) 827-5300

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# 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: Comfort Transportation LLC

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

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 representation 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: / W Sch

Mark Schiff, AVP

Date: January 31, 2007