

LO7000035167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

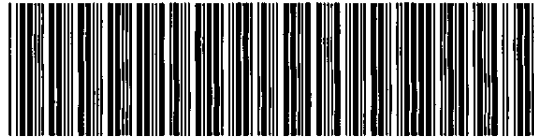
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/03/07--01049--001 **160.00

FILED

07 APR -3 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

07 APR -3 PM 1:09

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: "SRF TRANSPORT, 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:

CLARENCE RIVERS

(Name of Person)

SRF TRANSPORT, LLC.

(Firm/Company)

2488 EDDIE ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CLARENCE RIVERS

(Name of Person)

at (850) 212-0501

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$125.00 Filing Fee

ρ \$130.00 Filing Fee &
Certificate of Status

ρ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

ρ \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

S R F TRANSPORT, 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:

2488 EDDIE ROAD
TALLAHASSEE, FL 32308

Mailing Address:

2488 EDDIE ROAD
TALLAHASSEE, FL 32308

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:

CLARENCE RIVERS

Name

2488 EDDIE ROAD

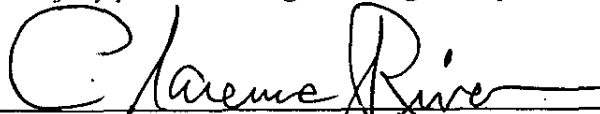
Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE, FL 32308

City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

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

Name and Address:

MGRM

Clarence Rivers
2488 EDDIE RD
Tallahassee, FL 32308

MGRM

SEANDI FORBES
4703 BALLUAGUE DR
Tallahassee, FL 32309

MGRM

Linda J. Henderson
4703 BALLUAGUE DR
Tallahassee, FL 32309

MGRM

FELISIA JONES
4703 BALLUAGUE DR
Tallahassee, FL 32309

(Use attachment if necessary) ** SEE ATTACHMENT (A), 5TH AND FINAL MEMBER

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Clarence Rivers
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.)

CLARENCE RIVERS

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)

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TALLAHASSEE, FLORIDA

ATTACHMENT (A)

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

MGRM

Name and Address:

DOROTHY L. H. RIVERS
2488 EDDIE RD
TALLAHASSEE, FL 32308

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REQUIRED SIGNATURE:

Clarence Rivers

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.)

CLARENCE RIVERS

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)