

107000038546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

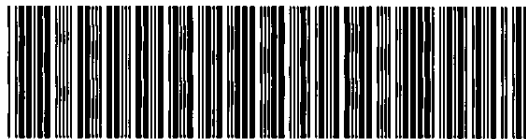
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300092233863

04/11/07--01002--013 \*\*155.00

FILED

07 APR 10 PM 4:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

07 APR 10 PM 4:41

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: TRACY SPEAR

DATE: 04/10/07

REF. #: 001441.66930

CORP. NAME: INDIGO TRANSPORTATION PARTNERS, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

FILED  
07 APR 10 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE FEES PREPAID WITH CHECK# 520905 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
INDIGO TRANSPORTATION PARTNERS, LLC  
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida, sets forth:

1. NAME. The name of the Limited Liability Company is:


**INDIGO TRANSPORTATION PARTNERS, LLC** (the "Company").

2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The initial mailing address for the Company is: Jeffrey Watson, c/o Ruden McClosky, 701 Brickell Avenue, Suite 1900, Miami, Florida 33131.

3. REGISTERED AGENT. The name and address of the initial Registered Agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is:

CorpDirect Agents, Inc.  
515 East Park Avenue  
Tallahassee, Florida 32301

4. The undersigned has executed these Articles of Organization on the 10th day of April, 2007.

By:  \_\_\_\_\_  
Authorized Representative

07 APR 10 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

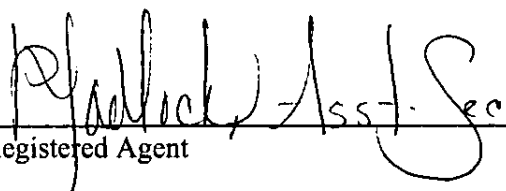
**CERTIFICATION OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Florida limited liability company is: **INDIGO TRANSPORTATION PARTNERS, LLC.**
2. The name and address of the registered agent and office is:

CorpDirect Agents, Inc.  
515 East Park Avenue  
Tallahassee, Florida 32301

*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 its 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.*

  
\_\_\_\_\_  
Registered Agent

4-10-07  
\_\_\_\_\_  
Date

07 APR 10 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED