

107000114280

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(Business Entity Name)

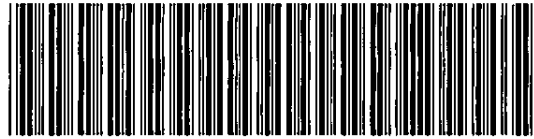
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November 13, 2007

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Woods Logistics LLC

**Filing Evidence**

☒ Plain/Confirmation Copy

☐ Certified Copy

**Retrieval Request**

☐ Photocopy

☐ Certified Copy

**Type of Document**

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include  
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

NEW FILINGS	
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

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OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

**ARTICLES OF ORGANIZATION  
FLORIDA LIMITED LIABILITY COMPANY  
Woods Logistics LLC**

Pursuant to Florida Statutes Chapter 608 et seq. "The Florida Limited Liability Company Act" as amended, the below named entity adopts these Articles of Organization as of the date and time when these Articles of Organization are filed, as evidenced by the Department of State's date and time endorsement on this original document, in accordance with the following:

**ARTICLE I - NAME.**

The name of the Limited Liability Company is: Woods Logistics LLC

**ARTICLE II - ADDRESS.**

The mailing address and street address of the principal office of the Limited Liability Company is 429 Tree Shore Drive Orlando, FL 32825

**ARTICLE III -REGISTERED AGENT.**

The name and the Florida street address of the registered agent is: Mark W. Garrett Suite 330, 1850 Lee Rd, Winter Park, FL 32789.

*Having been named as registered agent and to accept service of process for the above named 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
Mark W. Garrett

**ARTICLE IV - MANAGEMENT.**

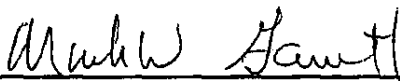
**(Check the appropriate box and complete the statement)**

The Limited Liability Company is to be managed by the members and the names and address of the managing members are:

Shawn Woods

429 Tree Shore Drive Orlando, FL 32825

**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 affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Mark W. Garrett  
Typed or printed name of signee

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