

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

CDL Logistics, LLC.

Certificate of Status	1
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J. BRYAN DEC 24 2007

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name

The name of the Limited Liability Company is: **CDL Logistics, LLC.**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1919 Hancock Bridge Parkway

1919 Hancock Bridge Parkway

Cape Coral, FL 33990

Cape Coral, FL 33990

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ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Diana Brooks

Name

1919 Hancock Bridge Parkway

(P.O. Box or Mail Drop Box NOT Acceptable)

Cape Coral, FL 33990

(City / State / Zip)

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 - Diana Brooks

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

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The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Diana Brooks - 1919 Hancock Bridge Parkway, Cape Coral, FL 33990

MGRM

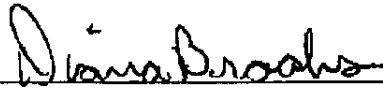
Corey Suiter - 1919 Hancock Bridge Parkway, Cape Coral, FL 33990

MGRM

Larry Brooks - 1919 Hancock Bridge Parkway, Cape Coral, FL 33990

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Diana Brooks

Typed or printed name of signee

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