

LO8 000019534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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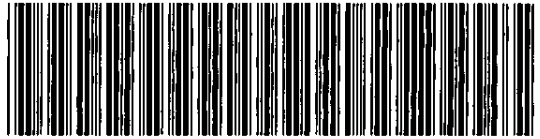
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2008 FEB 22 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

FEB 25 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FUEL SOLUTIONS, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEWART B. CAPPS, P.A.
P.O. BOX 034021
INDIALANTIC, FL 32903

For further information concerning this matter, please call:

Bernard Arenas at **(813) 969-2506**

Enclosed is a check for the following amount:

\$155.00 Filing Fee & 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is FUEL SOLUTIONS, LLC

ARTICLE II - ADDRESS

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

Principal Office Address

Fuel Solutions, LLC
14213 Banbury Way
Tampa, FL 33624

Mailing Address

Fuel Solutions, LLC
14213 Banbury Way
Tampa, FL 33624

ARTICLE III - REGISTERED AGENT REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

Bernard Arenas
14213 Banbury Way
Tampa, FL 33624

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

(An additional article must be added if an effective date is requested)

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

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

Title:

MGRM

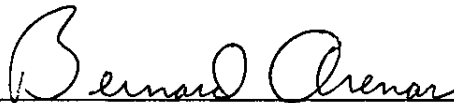
Name and Address:

Bernard Arenas
14213 Banbury Way
Tampa, FL 33624

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TALLAHASSEE, FLORIDA

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:



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.)

Bernard Arenas

Typed or printed name of signee

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TALLAHASSEE, FLORIDA