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(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:	





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05/29/08--01026--021 **155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8 MAY 29 AM II:

COVER LETTER

10:	Registration Section Division of Corporations
SUBJE	T: AMIPM Freight Handling Services, LLC. (Name of Limited Liability Company)
	(Name of Difficed Diability Company)
The en	osed Articles of Organization and fee(s) are submitted for filing.
Please	turn all correspondence concerning this matter to the following:
	Seav Miller
	(Name of Person)
	(Firm/Company) Ref Sundra La (Address) Tack Socialle, FL 32208 (City/State and Zip Code)
	2646 Sundry Low
	(Address)
	Jacksowille, Ft 32208
	Tack socialle, Ft 32208 (City/State and Zip Code)
For fur	er information concerning this matter, please call:
Se	at (904) 509, 6367 (Name of Person) (Area Code & Daytime Telephone Number)
Enclos	d is a check for the following amount:
3 \$125.	O Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 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:	
Am: PM Freight Handling, 2 (Must end with the words "Limited Liabil	Services : 14C. lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company isr
Principal Office Address:	Mailing Address:
2646 Sunctre has Sullsenville, FL 32208	Do 46 Sandra La By = 500 500 500 500 500 500 500 500 500 5
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	registered agent are:
Sean Miller Name	<u> </u>
2646 Sacche Las Florida street ado	dress (P.O. Box <u>NOT</u> acceptable)
Sucksonville, City, State,	FL 32208 and Zip
liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of alterformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

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

<u> Fitle:</u>	Name and Address:
'MGR" = Manager 'MGRM" = Managing Member	
"MGR"	Sean Miller 2646 Sandra La Jan EL 32208
"MGR"	An thosy Miller 2646 Swelow Ln Jax FC 32208
	OB MAY 29 SECHETAH ALAHASS
Use attachment if necessary)	STATE LORIDA
EV: Effective date, if other that ective date is listed, the date mudays after the date of filing.)	un the date of filing: (OPTION ust be specific and cannot be more than five business dates
REQUIRED SIGNATURE:	
Signature of a m	Comber or an authorized representative of a member.
(In accordance w of this document	rith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury tated herein are true.)

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)

Sean Miller
Typed or printed name of signee