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Division of Corporations
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

R.V.G. HAULING, LLC.

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October 14, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SUBJECT: R.V.G. HAULING, LLC.
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We have received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and retransmit the complete document, including the electronic filing cover sheet.

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Carolyn Lewis
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

R.V.G. HAULING, LLC

(Must end with the words "Limited Liability Company," "L.L.C." or "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:**3531 NW 10 AVE 3531 NW 10 AVE
OAKLAND PARK FL 33309 OAKLAND PARK FL 33309**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

R. SOBERTO VARGAS GARCIA
Name682 SW SARDINIA AVEFlorida street address (P.O. Box **NOT** acceptable)PORT ST LUCIE FL
City, State, and Zip 34953

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.

R. SOBERTO VARGAS
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**Title:**

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRM:Roberto Vargas Garcia
682 SW SARDINIA AVE
PORT ST LUCIE FL 34953

(Use attachment if necessary)

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:Roberto Vargas
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.)

Roberto Vargas Garcia
Typed or printed name of signer**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)

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