

OCT. 28. 2008. 8:46AM

CAPITAL CONNECTION

NOV 98 0 P. 1

L08000101081

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000244618 3)))



H080002446183ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I200000000257
Phone : (850) 224-0870
Fax Number : (850) 222-1222

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT 28 AM 8:09

RECEIVED

08 OCT 28 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SIR BIGRIG TRUCKING LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

J. BRYAN

OCT 29 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is **SIR BIGRIG TRUCKING LLC**

ARTICLE II - Address:

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

Principal Office Address:

**961 SE CANDLE AVENUE
PORT ST LUCIE FL 34983**

Mailing Address:

**961 SE CANDLE AVENUE
PORT ST LUCIE FL 34983**

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

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

**MELANIE FORD
961 SE CANDLE AVENUE
PORT ST LUCIE FL 34983**

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, Florida Statutes..


Registered Agent's Signature

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT 28 AM 8:09

FILED STATE
SECRETARY OF
DIVISION OF CORPORATIONS
08 OCT 28 AM 8:09

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name & Address:**MANAGING MEMBER:**

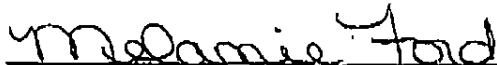
**HENRY FORD
961 SECANDLE AVENUE
PORT ST LUCIE FL 34983**

MANAGING MEMBER:

**MELANIE FORD
961 SE CANDLE AVENUE
PORT ST LUCIE FL 34983**

NOTE: An additional article must be added if an effective date is requested

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.)

MELANIE FORD

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)