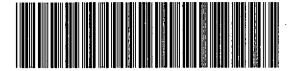
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| (Re | equestor's Name) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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ALLAHASSEE, FI ORIDA

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JAN - 5 2009

EXAMINER



CORPORATION SERVICE COMPANY.

| ACCOUNT NO. : 0 | 72100000032 |
|-----------------|-------------|
|-----------------|-------------|

REFERENCE: 844813 7684871

EXAMINER'S INITIALS:

AUTHORIZATION :

COST LIMIT : \$ 125

ORDER DATE: December 31, 2008

ORDER TIME : 2:28 PM

ORDER NO. : 844813-001

CUSTOMER NO: 7684871

DOMESTIC FILING

NAME: BLACK PEARL TRANSPORT, LLC

EFFECTIVE DATE:

| xx | ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION |
|--------|---|
| PLEASE | RETURN THE FOLLOWING AS PROOF OF FILING: |
| XX | _ CERTIFIED COPY _ PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING |
| CONTAC | r PERSON: Harry B. Davis - EXT. 2926 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | RT | ICL | E I | _ N | a m | ۵. |
|--------|-----|-----|------------|------|------|----|
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The name of the Limited Liability Company is:

BLACK PEARL TRANSPORT, 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: | |
|---------------------------|------------------|---|
| 9770 S.W.County Rd.769 | Same | |
| Arcadia, FL 34269 | | |
| , | | Τ |

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:

| Corporation S | Service Company |
|---------------|--|
| | Name |
| 1201 Hays St | treet |
| FI | orida street address (P.O. Box NOT acceptable) |
| Tallahassee | _{FL} 32301 |
| | City, State, and 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..

Corporation Service Company
BY: /s/ Harry B. Davis
Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

| "MGR" = Manager "MGRM" = Managing Member | |
|--|--|
| MGRM | JAMES C FULKERSON JR 9770 S.W.COUNTY RD.769 ARCADIA,FL 34269 |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) | e date of filing: (OPTIO |

REQUIRED SIGNATURE:

/s/ JAMES C FULKERSON JR

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.)

JAMES C FULKERSON JR

Typed or printed name of signee

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)