

L09000055755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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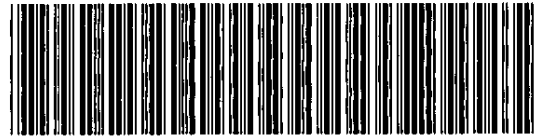
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B. KOHR

JUN - 9 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 029825 118517A

AUTHORIZATION :

COST LIMIT :

[Signature]
~~\$125.00~~ 155.00 *[Signature]*

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ORDER DATE : June 8, 2009

ORDER TIME : 4:0 PM

ORDER NO. : 029825-010

CUSTOMER NO: 118517A

DOMESTIC FILING

NAME: NPL-GSO, LLC

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
~~XX~~ ~~PLAIN~~ STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Unassigned - EXT.

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION

FOR

NPL-GSO, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is: NPL-GSO, LLC.

ARTICLE II - ADDRESS

The street address of the principal office of the Limited Liability Company is: 5415 W. Sligh Ave., Ste. 110, Tampa, FL 33634.

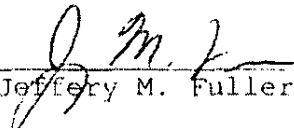
The mailing address of the Limited Liability Company is: 5415 W. Sligh Ave., Ste. 110, Tampa, FL 33634.

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, AND REGISTERED AGENT'S SIGNATURE**

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

Jeffery M. Fuller
400 North Ashley Drive, Suite 1500
Tampa, Florida 33602

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.


Jeffery M. Fuller, as registered agent

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ARTICLE IV - MANAGER


The name and address of the Manager is as follows:

Title

Name and Address

MGR

National Parcel Logistics, Inc.
5415 W. Sligh Ave., #110
Tampa, FL 33634



Jeffery M. Fuller, Authorized
Representative of Manager

(In accordance with section 606.408(3), Florida
Statutes, the execution of this document constitutes
an affirmation under penalties of perjury that the
facts stated herein are true.)