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(Re	equestor's Name)	
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(CII	ty/State/Zip/Phone	9 ₩)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
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2009 DEC -4 AMII: 48

M. THOMAS

DEC - 7 2009

EXAMINER

COVER LETTER

,ТО:	Registration S Division of Co			
, SUBJI	TCT:	Narai	nja Duplex LLC	
SOBOL			Liability Company	
The en	closed Articles of	Organization and fee(s) are sul	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			rd T. Dawson	
		N	ame of Person	
		F	irm/Company	
		13977	SW 140 Street	
	Address		SE TAL	
	Miami, FI 33186		SECRETT ALLAHA	
		City/S	State and Zip Code	TARY IASSE
,		auditone@	freightrevenue.com future annual report notification)	
		n-mail address; (to be used for	tuture annual report notification)	AH.
For fur	ther information	concerning this matter, please c	ali:	TATE ORIDA
				3-7730
	Name (of Person	Area Code & Daytime Teleph	none Number
Enclos	sed is a check fo	or the following amount:		
√ \$125.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section	Street/Courier Address Registration Section	
		Division of Corporations	Division of Corporations	
		P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Cir	rcle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability (Company is:	
Nare (Must end with the words	anja Duplex LLC "Limited Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addr	ress of the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
13977 SW 140 Srtreet Mlami, Fl 33186		2
(The Limited Liability Company cannot serve a business entity with an active Florida registrate.) The name and the Florida street address.		t's Signature At 11: 48 dividual as SSEE, FLORIO
	3977 SW 140 Street	> >
Florida stree Miami, F	t address (P.O. Box <u>NOT</u> acceptable) 1 33186 FL City, State, and Zip	
liability company at the place de registered agent and agree to act in statutes relating to the proper and accept the obligations of my pos	agent and to accept service of process for the esignated in this certificate, I hereby accept this capacity. I further agree to comply well complete performance of my duties, and I sition as registered agent as provided for in Agent's Signature (REQUIRED)	t the appointment as with the provisions of all I am familiar with and

(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:

Title:		Name and Address:		
"MGR" = Manag "MGRM" = Mar				
MGRM		Richard T. Dawson		
		PO Box 770875		
		Miami, Fl 33177		
	_			
	<u>—</u>			
(III)	:6			
(Use attachment	ii necessary)			
		late of filing:specific and cannot be more than	TOPTION.	
o or 90 days after the d			C-4 TAR	
REQUIRED SI	GNATURE:	D Danson	AH II: 48 FEE. FLORIDI nember.	G
	Signature of a member	or an authorized representative of a m	nember. 👼 🗖 🕏	5
	R	T DAWSON		
Filing Fees		ed or printed name of signee		
	•			

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)