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**EXAMINER** 

TO NOV -3 AN 9: 03



ACCOUNT NO. : I2000000195

REFERENCE: 565614

81514A

AUTHORIZATION	Sould de man
COST LIMIT	1/s 160 00

ORDER DATE: November 3, 2010

ORDER TIME : 3:16 PM

ORDER NO. : 565614-010

CUSTOMER NO: 81514A

# DOMESTIC FILING

NAME: COGISTICS TRANSPORTATION, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The Name of the Limited Liability Company is: Cogistics Transportation, LLC

## ARTICLE II - Address:

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

- a: Mailing Address: 2525 Dranefield Road, Suite 25, Lakeland, FL 33811 b: Street Address: 2525 Dranefield Road, Suite 25, Lakeland, FL 33811
- ARTICLE III Registered Agent, Registered Office & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Raymond A. Oberhofer
Name
2525 Dranefield Road, Suite 25
Florida street address (Post Office Box NOT acceptable)
Lakeland, Florida 33811
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 actin this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duffes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.  Registered Agent's Signature
ARTICLE IV – Management (Check applicable box)  The Limited Liability Company is to be managed by one manager or
managers and is, therefore, a manager – managed company.
X The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.
Lamond A Stewhofen
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.)
Raymond A. Oberhofer

Typed or printed name of signee