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SECRETARY OF STATE

2011 MAR 28 PM 2: 3(

J. SAULSBERRY EXAMINER MAR 2 8 2011

COVER LETTER

	ration Section on of Corporations
CUDIFCT.	Jumpstart logistics, uc
SUBJECT:	Name of Limited Liability Company
The enclosed A	rticles of Organization and fee(s) are submitted for filing.
riease return an	correspondence concerning this matter to the following:
	Edward Dieguez
	Name of Person
	JUMPSTANT LOGISTICS, 11L
	Firm/Company
	3978 SW 443 Place STEA
 	Address
	MIAN FL 33175
<u> </u>	
	EJ DNOL @ ADL. 6M
	E-mail address: (to be used for future annual report notification)
For further infor	City/State and Zip Code EJDNol @ Apl. 6M E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: DESURE AT 136 575 5928 Name of Person Area Code & Daytime Telephone Number 24
Eduka	Dreader # 186 525 5928 25 25
Edwara 1	Name of Person at (Area Code & Daytime Telephone Number 2)
	5 - Contract of the contract o
Enclosed is a c	check for the following amount:
]\$ 125.00 Filing I	Fee \$\sum \\$130.00 \text{ Filing Fee & } \sum \\$155.00 \text{ Filing Fee & } \sum \\$160.00 \text{ Filing Fee,} \\ Certificate of Status & \text{ Certified Copy } \\ (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lin	nited Liability Comp	any is:					
	PSTAYT LOGIST						
(Mus	st end with the words "Limit	ed Liability Com	pany, "L.L.C.," or "	LLC.")			
ARTICLE II - Add The mailing address	dress: s and street address of	f the principa	l office of the I	Limited Lia	bility Co	mpan	y is:
Principal Office Ac	ddress:	<u>Mai</u>	ling Address:				
3978 SW 143	3 Place Ske A 33175	.	Same				
MIRMI, FC	33175						
(The Limited Liability Cor	egistered Agent, Reg mpany cannot serve as its ov ctive Florida registration.)						
The name and the F	lorida street address	_	_		Z	20	
_	Edward	Diesver	•		L'A!	2011 MAR 28	[
					AS	AR :	-
	3978 SW1	143PI S	ic A		SEE		
- -			O. Box NOT acco	•	10 S	PM 2: 30	F
_	MIAM,	FL	3317 5 Zip	<u> </u>	SA	$\ddot{\wp}$	
		City, State, and	Zip		B iri	30	
liability compan registered agent an statutes relating to	d as registered agent of the place designand agree to act in this continuous the proper and compations of my position	ted in this cer capacity. I fur plete performa	tificate, I hereb ther agree to co unce of my dutie	y accept the omply with es, and I am	e <mark>appoint</mark> the provi familiar	ment a sions o with a	s of all ind

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

"MCD" = Managar	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Edward Drewer
***************************************	3978 SW 143 PI STE A
	MIRM, FU 33175
	11 014 200 100
MGPM	Mary Dreguer 3978 SW 14371 Sex
	3978 SW 4370 Ste K
	<u> </u>
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(Use attachment if necessary)	ν ω
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.)	n the date of filing: Wavan 31/roll. (OPTIONAL) ust be specific and cannot be more than five business days prior
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