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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

Effective Date 5/3/11

From:

Account Name : A.A.ALI, CPA
Account Number : I20000000192
Phone : (407) 298-3900
Fax Number : (407) 298-0660

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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11 MAY -4 AM 9:27
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FLORIDA LIMITED LIABILITY CO.
LUCIEN SUPRICE TRUCKING LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
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T. HAMPTON

MAY -5 2011

EXAMINER

May. 4. 2011 9:17AM
850-817-8381

5/3/2011 8:34:44 AM PAGE 1/001

No. 0412 P. 2
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May 3, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

A A ALI, CPA

SUBJECT: LUCIEN SUPRICE TRUCKING LLC
REF: W11000024407

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 2, 2011. Please amend your document accordingly.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H11000121898
Letter Number: 611A00010655

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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

Effective Date 5/3/11

The name of the Limited Liability Company is:

LUCIEN SUPRICE TRUCKING 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:

**3170 PHONETIA DRIVE
DELTONA, FL 32738**

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:

**LUCIEN SUPRICE
3170 PHONETIA DRIVE
DELTON, FL 32738**

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..


LUCIEN SUPRICE Registered Agent's Signature

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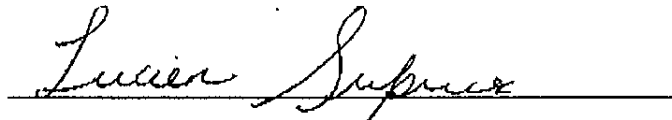
ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager
"MGRM" = Managing Member

**LUCIEN SUPRICE
3170 PHONETIA DRIVE
DELTON, FL 32738**

ARTICLE V: Effective date, if other than the date of filing: May 3, 2011
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

LUCIEN SUPRICE

Typed or printed name of signee

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