Note: Please print this page and use it as a cover sheet. Typ: the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000151403 3)))



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TO:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850) 878-5368

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

Email	Address:	

FLORIDA LIMITED LIABILITY CO.

Super Transportation of Florida, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

T. CLINE

JUN - 9 2011

EXAMINER

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Corporate Filing Menu

Help

COVER LETTER

	ion Section of Corporations		
SUBJECT: Supe	r Transportation of Piorida, LLC		•
	Name of Limit	ted Liability Company	<u></u>
The enclosed Artic	cles of Organization and fee(s) are	submitted for filing.	
Please return all co	rrespondence concerning this mai	ter to the following:	
Boverly K.	Wedin, Paralegal		•
		Name of Person	··· ·
Veolia Tra	nsportation, Inc.		
		Firm/Company	
720 E. But	terfield Road, Suite #300		
		Addiess	 _
Lombard, III	linois 60148		_ > 0 >
		ly/State and Zip Code	SECRETAR SECRETAR SECRETAR
beverly.wed	lin@vcoliatransdev.com	for future annual report iotification)	
For further informs	ation concerning this matter, pleas	•	10 m
Beverly K. Wedin		at (630) (182-1090	- CO
,	Name of Person	Area Code 8. Daytime Telephone Number	TATE ORIDA
Enclosed is a che	ck for the following amount:		
\$125.00 Filing Fee	Certificate of Status	S155.00 Filing Fee & S160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy copy (additional copy copy copy copy copy copy copy copy	f Status & py
	Mailing Address Registration Section Division of Cornections	Street/Courier Address Registration Section Division of Corporations	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Bailding 2661 Executive Center Circle Tallahasste, FL 32301

....

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ion of Florids, LLC	Imited Liability Company, "LC.," or "LLC.")	
. 20202-01-22-22		com, campage at too, or appear	
ARTICLE II		and a first transfer of the second	
THE MAINING BO	aress and street addres:	s of the principal office of the Limited Liabili	ty Company is:
Principal Office Address:		Mailing Address:	
809 W. Landstreet Road		c/o General (!ounsel	
Orlando, Florida 32824		720 E. Butterfield Road, Suite 300	
		Lombard, Illinois 60148	
ARTICLE III (The Limited Liabil)	- Registered Agent, R	legistered Office, & Registered Agent's Sig	nature SE
business entity wit	ny Company cannot serve as a h an active Florida registration the Florida street addre	is own Registered Agent. You must designate an individual of the registered agent are:	SECRETARY TALLAHASSE
business entity wit	nty Company cannot serve us a h an active Florido registration	is own Registered Agent. You must designate an individual of the registered agent are:	ORE TARY (
business entity wit	ny Company cannot serve as a h an active Florida registration the Florida street addre	is own Registered Agent. You must designate an individual of the registered agent are:	CRETARY OF S
business entity wit	ny Company cannot serve as a h an active Florida registration the Florida street addre	es own Registered Agent. You must designate an individual of the registered agent are: tem Name	CRETARY OF STALAHASSEEL FLOA
business entity wit	the Florida street addre CT Corporation Syst 1200 South Pine Island	es own Registered Agent. You must designate an individual of the registered agent are: tem Name	CRETARY OF S
business entity wit	the Florida street addre CT Corporation Syst 1200 South Pine Island	ts own Registered Agent. You must designate an individual of the registered agent are: tem Name d Road	CRETARY OF STALAHASSEEL FLOA
business entity wit	the Florida street addre CT Corporation Syst 1200 South Pine Island	ts own Registered Agent. You must designate an individual of the registered agent are: tem Name d Road da street address (P.O. Bo). NOT acceptable)	CRETARY OF STALAHASSEEL FLOA
business entity wit	the Florida street addre CT Corporation Syst 1200 South Pine Island	ts own Registered Agent. You must designate an individual of the registered agent are: tem Name d Road da street address (P.O. Bo) NOT acceptable) Plantation R. 33324	CRETARY OF STALAHASSEEL FLOA

(CONTINUED)

Page 1 of 2

Registered Agent's STOPH

Title; "MGR" = Manager	Name and Address:
"MGRM" = Managing Momber	
MGR	Brian Wier
	14500 N. Northsigh Boulevard, Suite #329
	Scottsdale, Arizona 55260
MGR	Thomas Le Voy
	14500 N. Northsight Boulevard, Suite #329
	Scottsdale, Arizona 85206
	SECRE TA
	AZ S
	2.2
(Use attachment if necessary)	SSE SSE
II II X75 Ciffeening data if all and ha	n the date of filing: (OPTIONAL)
CLE V: Effective date, if other than iffective date is listed, the date mu	ist be specific and canna be more than five business dividently
days after the date of filing.)	OF &
	₽ 67
REQUIRED SIGNATURE:	
^	
Sland	B. Aladamiser 1.
Signature of a m	umber or an authorized representation of mamber.
-	<u>-</u> •
(In accordance with section	on 608.408(3), Florida Statut:s, the execution of this document under the penalties of perjuly that the facts stated herein are true.

Fling Fees:

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

3 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

Page 2 of 2

Typed or printed name of signee

Alan B. Moldawer, Authorized Representative