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FLORIDA LIMITED LIABILITY CO.

David M Patti Transportation Services LLC

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JUN 15 2011

EXAMINER

FAX AUDIT # 410001580543

ARTICLES OF ORGANIZATION OF

David M Patti Transportation Services LLC

ARTICLE I

NAME

The name of the limited liability company shall be: David M Patti Transportation Services LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 204 Campbell Drive, Tavares, Florida 32778.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: David Patti, 204 Campbell Draive, Tavares, Florida 32778. Located in the County of Lake.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managing members and the name and address of the member of the Limited Liability Company is:

David Patti, 204 Campbell Drive, Tavares, Florida 32778

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

Date: June 10, 2011

WI 53717 608-827-5300

FAX AUDIT # 411000 1580543

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: David M Patti Transportation Services LLC

The name and address of the registered agent and office is David Patti, 204 Campbell Draive, Tavares, Florida 32778. Located in the County of Lake.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Thavid Patt

Date

HILED

11 JUNIL AM 8: 09

SECRETARY OF STATE
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6-13-2011

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