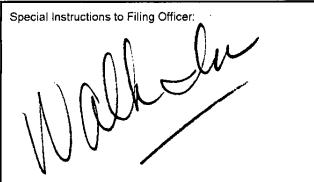
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(Req	uestor's Name)				
(Addi	ress)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
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PAISON OF CORPORATION

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J. SAULSBERRY EXAMINER FEB 1 7 2012

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT: Bradley Logistics LLC Name of Limited Liability Company		
The enc	closed Articles of Organization and fee(s) are submitted for filing.		
Please r	eturn all correspondence concerning this matter to the following:		
-	Marcio D. Bradley Name of Person		- -
-	Bradley logistics LLC		_
-	164 Wilson Road	SECRE	7017 FAR
-	Quincy Fl 32352 City State and Zip Code	(AR)	5
_	E-mail address: (to be used for future annual report notification)	STATE	
For furt	her information concerning this matter, please call:		
7	Name of Person at (850) 363-7369 Area Code & Daytime Telephone Number		
Enclose	ed is a check for the following amount:	_ co:	5*
\$125.00	Filing Fee \$\int_\$\$130.00 Filing Fee & \$\int_\$\$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy	Status & y	ζ·
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
The hame of the Elimed Elability Company is.				
Bradley toxistion	LLC			
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Lia	ability Co	ompany	/ is:
Principal Office Address:	Mailing Address:	٠.		
164 10,7500 Road Quincy, Fl 32352	Same as Above			
	ered Agent. You must designate an indivi			
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registed. It is a like the proper and complete per accept the obligations of my position as registed.	his certificate, I hereby accept the I further agree to comply with rformance of my duties, and I and tered agent as provided for in C	e appoint the prove n familiar	tment a isions o with a	s of all nd

(CONTINUED)

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Marries Bradles Typed or printed name of signce Filing Fees:

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)