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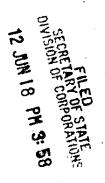
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B. KOHR
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EXAMINER



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06/18/12--01028--008 **125.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MET LogISTICS Trucking LLC. Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	<u> </u>
Please return all correspondence concerning this matter to the following:	CE.
ERROL GORDON Name of Person	OK CORY
COMPUTAX BUSINESS SOLUTIONS, INC	CORT 4: 58
4802 W. COMMERCIAL BIVD	
TAMARAC, FL 33319 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ERROL GORDON at (754) 246 0542 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times 155.00 Filing Fee & Certificate of Status \$\times 160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
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:	2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
MET LOGISTICS (Must end with the words "Limited Liabili	Trucking, LLC.
ARTICLE II - Address:	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
HOI NW 34th AUE LAUDERDALE LAKES,	4101 NW 34 AUE LAUDERDALE LAKES,

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:

HOWA	RD E	FLLIS	
	Name	2	_
4101	NW	34th	AUE
Flo	orida street ac	ldress (P.O. Box	NOT acceptable)
LA UDERD AU	E LAKE	SFL 33	309
		tate, and Zip	_

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Membe	er		
MGRM	HOWARD ELLIS		
	LAUDERDAUE LAKES, PL 33309		
MGRM	LOERINE ELLIS		
	HIOI NW 34th AUE LAKES, PL 3330,		
	<u> </u>		
(Use attachment if necessary)			
	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior		
•			
REQUIRED SIGNATURE:			
X	AM		
	member or an authorized representative of a member.		
(in accordance with sec	Mon over-tology, ficial statutes, the execution of this document		

(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.)

Typed or printed name of signee

Filing Fees:

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

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