L13000005104

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| · | | | |
| JAN 1 0 2013 L SELLERS | | | |

Office Use Only



900242273669

01/07/13--01011--005 **155.00

13 JAN - 7 PH II: 40
ECCRETANT OF STATE
ALLARIA SEE, FI ROM

3 JAN -7 PH II:L

COVER LETTER

TO:

Registration Section

| Division of Corporations |
|--|
| SUBJECT: Final Destination Freight, LLC |
| Name of Limited Liability Company |
| |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| John Mitchell |
| Name of Person |
| Mitchell Financial, Inc. |
| Firm/Company |
| 27221 State Road 56, Suite 147 |
| Address |
| Wesley Chapel, FL 33544 |
| City/State and Zip Code |
| john@jmitchellfinancial.com E-mail address; (to be used for future annual report notification) |
| , |
| For further information concerning this matter, please call: |
| John Mitchell at (813) 995-7069 |
| Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} |

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Com | pany is: |
|---|---|
| Final Destination Freight, | |
| (Must end with the words "Lin | nited 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: |
| Principal Office Address: | Mailing Address: |
| 27221 State Road 56 | 20125 Outpost Point Dr. |
| Suite 147 | T |
| Wesley Chapel FL 33544 | Tampa FL 33647 |
| The name and the Florida street address John Mitchell | Name |
| 20125 Outpo | ost Point Dr |
| Florida | street address (P.O. Box NOT acceptable) |
| Tampa | FL 33647 City, State, and Zip |
| | City, State, and Zip |
| liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position | t and to accept service of process for the above stated limited tated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S |
| / /Registered Agen | it'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:

| "MGR" = Manager "MGRM" = Managing Member | Name and Address: | |
|--|--|---|
| <u>President</u> | Lewis Hailman 610 Valley Hill Dr. Brandon FL 33510 | |
| CFO | John Mitchell 20125 Outpost Point Dr. Tampa FL 33647 | |
| | | |
| (Use attachment if necessary) | | |
| CLE V: Effective date, if other than the | | |
| 0 days after the date of filing.) | oe specific and cannot be more than | five business days pr |
| | Sutched | five business days pr |
| REQUIRED SIGNATURE: Signature of a member | er or an authorized representative of a m 8.408(3), Florida Statutes, the execution of er the penalties of perjury that the facts state mation submitted in a document to the Dep | nember. this document ed herein are true. |
| REQUIRED SIGNATURE: Signature of a member of a member of a manufacture of a member of a manufacture of a ma | er or an authorized representative of a m 8.408(3), Florida Statutes, the execution of er the penalties of perjury that the facts state mation submitted in a document to the Dep ny as provided for in s.817.155, F.S.) | nember. this document ed herein are true. |
| REQUIRED SIGNATURE: Signature of a member of a member of a manufacture of a member of a manufacture of a ma | er or an authorized representative of a m 8.408(3), Florida Statutes, the execution of er the penalties of perjury that the facts state mation submitted in a document to the Dep | nember. this document ed herein are true. |