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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PłCK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
· (Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

то:	Registration Se Division of Con			
SUBJE	ст:Ві	Mame of Limite	What Local Liability Company	
The enc	losed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please r	eturn all correspo	ondence concerning this matte	er to the following:	
-		Emory HAN	Name of Person	
-		Big Dies	Firm/Company	Ming Le
-		1057 0	OCALA Rd.	
-	T	ALLAHASSES,	PL. 30304 y/State and Zip Code	·
-		Bignisse (Io be used I	or future annual report notification)	
For furt	her information of	concerning this matter, please	call:	
	Emony	HAamoN of Person	at (<u>\$50</u>) <u>284-3</u> Area Code & Daytime Teleph	785 none Number
Enclos	ed is a check fo	or the following amount:		
⊒ \$125.	00 Filing Fee	2\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & 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 Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Big Diesel DA	ompany, "L.R.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal address and street address of the principal address.	pal office of the Limited Liability Company is:
Principal Office Address:	ailing Address:
1057 ocala Rd.	1057 OCALA Rd TAU, A. 32304
Tallanassee F1 32304	
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	Agent. You must designate an individual or another
The name and the Florida street address of the regis	tered agent are:
Emory HARN	SSE - FEET
	(P.O. Box NOT acceptable)
T 4U MHOS & FI City, State, a	32304
Having been named as registered agent and to acce	ept service of process for the above stated limited

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 Schature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE	IV-	Manager(s)	or Managing	Member(S):
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Emony HARM ON 1057 boxilis ed TAU, Pl. 32304
	
(Use attachment if necessary)	ne date of filing: 8/2/2013 . (OPTIONAL)
If an effective date is listed, the date must brior to or 90 days after the date of filing.)	st be specific and cannot be more than five business days
REQUIRED SIGNATURE: Signature of a members.	Der or an authorized representative of a member.
(In accordance with section 60 constitutes an affirmation under	

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)