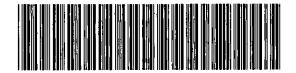
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COVER LETTER

	stration Section ion of Corporations	
SUBJECT:	TML TRUCK & TRAILER, LLC	
JOBSECT	Name of Limited Liability Company	
The enclosed A	Articles of Organization and fee(s) are submitted for filing.	
Please return all	Il correspondence concerning this matter to the following:	•
F	red N. Roberts, Jr.	
	Name of Person	
<u>K</u>	LEIN & KLEIN, LLC	
	Firm/Company	
33	33 NW 3rd Avenue	
	Address	3
0	Cala FL 34475	2
tm	City/State and Zip Code	الاحبيب أن الاحبيب = = الاحبيب = = (۲
<u> </u>	E-mail address: (to be used for future annual report notification)	
For further infor	rmation concerning this matter, please call:	1 T
Fred N.	. Roberts, Jr. (352) 732-7750	<u>သ</u>
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a che	neck for the following amount:	
S125.00 Filing F		
	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:

TML TRUCK & TRAILER, 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:

4095 Northwest 165th Street Reddick, FL 32686

4095 Northwest 165th Street Reddick, FL 32686

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Sarah Lewis 4095 Northwest 165th Street Reddick, FL 32686

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 605, Florida Statutes.

SARAH LEWIS

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

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"MGR"	Sarah Lewis 4095 Northwest 165th Streets Reddick, FL 32686
"MGR"	Todd Lewis 4095 Northwest 165th Street Reddick, FL 32686

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with Section 6085.0203(1) (b). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjurythat 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 in s.817.155, F.S.)

Sarah Lewis
Typed or printed name of signee