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(Regu	estor's Name)	
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(O'), (S	N-4 (77) (178)	40
(City/S	state/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nam	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only

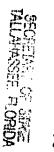


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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TEL Transport
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:
TRAIGWIlliam 5 Name of Person
Name of Person
TEL Transport Firm/Company
Firm/Company
246 West Lane Address
City/State and Zip Code Traig W D 9 Mail, Com Berhail address: (to be used for future annual report notification)
City/State and Zip Code
Benjail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Trais Williams at 850 508-5213 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status Stat

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

(Must end with the word	ls "Limited 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:
246 West Lane	246 West Lane
Duincy, FL. 32352	Quincy, FL. 3235)

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

another business entity with an active Florida registration.)

ARTICLE I - Name:

The name of the Limited Liability Company is:

Thais Williams

Name

39 5 f W Road

Florida street address (P.O. Box NOT acceptable)

City FL FL 30350

Zip

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

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, F.S..

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

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The name and address of each person authorized	orized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager Pres', den+	Name and Address: Trais Williams 395 W Food Nincy, FL 32252
Vice president	Loren 20 Pringley 305 mm Lane Quincy, FL. 38357
(Use attachment if necessary) CLE V: Effective date, if other than the date of	
effective date is listed, the date must be specule of filing.) CLE VI: Other provisions, if any.	ific and cannot be more than five business days prior to or 90 d
REQUIRED SIGNATURE:	wlt
(In accordance with section 605, constitutes an affirmation under that any false information are that any false information.)	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.) Typed or printed name of signee

ARTICLE IV-

Page 2 of 2

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)

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