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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6331

From:

Account Name : SUPERBIZ.COM, INC.
Account Number : I20070300160
Phone : (800) 494-3124
Fax Number : (305) 675-2811

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
Brothers Transportation Service LLC**

Certificate of Status	0
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Page Count	03
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I NAME

The name of the Limited Liability Company is:

BROTHERS TRANSPORTATION SERVICE LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

9759 CYPRESS LAKES DRIVE
LAKELAND, FLORIDA 33810

ARTICLE III REGISTERED AGENT

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

ANTONIO GUTIERREZ
9759 CYPRESS LAKES DRIVE
LAKELAND, FLORIDA 33810

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.

x 
ANTONIO GUTIERREZ / Registered Agent's signature

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PAGE 2 BROTHERS TRANSPORTATION SERVICE LLC

ARTICLE IV

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

AUTHORIZED MEMBER

ANTONIO GUTIERREZ

9759 CYPRESS LAKES DRIVE

LAKELAND, FLORIDA 33810

AUTHORIZED MEMBER

RUBEN D GUTIERREZ

2774 MUSCATELLO STREET

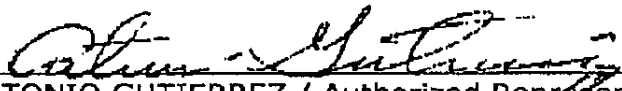
ORLANDO, FLORIDA 32837

AUTHORIZED MEMBER

EVELYN M GUTIERREZ

9759 CYPRESS LAKES DRIVE

LAKELAND, FLORIDA 33810

X _____
ANTONIO GUTIERREZ / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), 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.)

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