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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lightning Expidited Lice Name of Limited Liability Company
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:
Kurt A. Selber Name of Person
Name of Person
Lightning Expidited uc
Firm/Company
7116 Sonora ave
Titul 635
City/State and Zip Code 16_selber Quahov.com
City/State and Zip Code 16_3elber Puabor Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
to facility mornation concerning this marter, prease can,
Kurt Schol at 408 429.3830
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street Address OK# 120
Vialing Address Street Address
New Filing Section New Filing Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	L	- N	a	me	:				
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The name of the Limited Liability Company is:

Lightning Expidited 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:

7116 Sonora ave New Port Richerti

7116 Sonorau

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Kurt A. Selber Name

7116 Sonora ave
Florida street address (P.O. Box NOT acceptable)

Wew Port Richey Fl. 34653

City State Zip

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 of provided for in Chapter 605, F.S..

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Ale a citere d' Note contra co	Name and Address:
'AMBR' = Ai 'MGR" = Mar	thorized Member	1/ / / /-
Mod		Kart Selber
AMB5	R	7116 Sonora ave
,4.		New Port Rechex FL. 3465
		
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ARTICLE IV-