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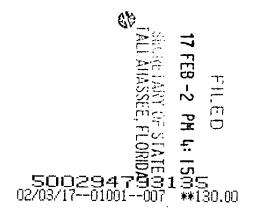
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TEB -2 PM 3: 56

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Peaches Trucking LLC 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:
Daniel Peach Name of Person
— Firm/Company—
3708 173rd Crurt
City/State and Zip Code Canny Dough 107 & Comail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\int \text{\$130.00 Filing Fee & Certificate of Status} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)} \text{\$\int Status & Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The years of the Limited Lightlity Company in:	•
The name of the Limited Liability Company is:	
Peaches Trucking	1.1.(',
(Must end with the words "Limited Liability Compe	hy, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limit	ed Liability Company is:
Principal Office Address:	Mailing Address:
2009 102 105-ch	Maning Address.
HOMMON 12 410373 -	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent	gent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agen	
another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Daniel Peach	γ
Name	
22111em Rd	
Florida street address (P.O. Box NO	[acceptable)
Lacksonville Pl	32746
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 regis	tered agent and agree to act in this capacity. I
further agree to comply with the provisions of all statutes relating to the pro am familiar with and accept the obligations of my position as registered age	per and complete performance of my duties, and I ent as provided for in Chapter 605. F
1 any Te	rach E B I
Registered Agent's Sig	mature (REQUIRED)
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(CONTINUE	D) = = = = = = = = = = = = = = = = = = =
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(Use attachment if necessary) E. V: Effective date, if other than the date of filing: (OPTIONAL) retive date is listed, the date must be specific and cannot be more than five business days prior to or 96 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records. E. VI: Other provisions, if any.	Title: "AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:	"MGR" = Manager	3708 17372 Court
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:	same reach	
EV: Effective date, if other than the date of filing:	manager	
EV: Effective date, if other than the date of filing:	2	· · · · · · · · · · · · · · · · · · ·
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EV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
E.V: Effective date, if other than the date of filing:	(Use attachment if necessary)	
Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Typed or printed name of signee Filing Fees:	ective date is listed, the date must be spe of filing.)	cific and cannot be more than five business days prior to or 90
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