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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

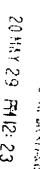
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: BIS King WAY IN THE TYUTING LETVICES LUC. 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:
Name of Person
BIG King worldwide Hucking Services LLC.
P.O. 50x 760097 Address
City/State and Zip Code Levin harri 5 353 Eyahov. Com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
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:
\$125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status (additional copy is enclosed) S160.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section
Note to the second seco

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIC	141	- No	****
WILLIAM	J 1757 L	- 1436	mr.

The name of the Limited Liability Company is:

Bile Line was dwide trucking Services LLC.

(Must contain the words "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:	<u>Mailing Address:</u>
14699 N.E. 18th France	Po Box 24002
17:ami FL 33(8)	Pembrole Pines, FL 330210
Unit LOP	

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:

	EVEN) HOPE	IS .
	Name	
14649 N.E.	18th Averie	1/1:1-6P
Florida street addres	ss (P.O. Box <u>NOT</u> :	acceptable)
Mani	PL	33181
City	State	7in

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 agreed agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	athorized Member	Name and Address:	
"MGR" = Ma	ınager	LEVER HALFIS 141699 N.B. 15th Frence Unit 61 Misuni, EL 33181	C
			
(Lica attachma	ent if necessary)		
(1)se attaciant	mi ii necessary)		
If an effective date is I he date of filing.) <u>Note:</u> If the date inser	listed, the date must be specific and ted in this block does not meet the a we date on the Department of State's	. (OPTIONAL) I cannot be more than five business days prior to or 90 opplicable statutory filing requirements, this date will not be records.	,
	Ovisions, it any.		
REQUIRED	SIGNATURE:		
	This document is avacuted in according	an authorized representative of a member. ordance with section 605.0203 (1) (b). Florida Statutes, for submitted in a document to the Department of State provided for in s.817.155, F.S.	
	Typed	or printed name of signee	
			12.2

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)

as