Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:	·	
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FLORIDA LIMITED LIABILITY CO. RyderVentures, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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The name of the Limited Liability Company is:

14154847068

RyderVentures, 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:	Mailing Address:
11690 N.W. 105th Street	11690 N.W. 105th Street
Miami, FL 33178	Miami, FL 33178

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:

Robert D. Fatovic		
	Name	
11690 N.W. 105th S	itreet	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Miami	FL	33178
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 as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Ryder System, Inc. 11690 N.W. 105th Street Miami, FL 33178
MGR	[See attachment.]
	
(Use attachment if necessary)	
n effective date is listed, the date mu fate of filing.)	the date of filing:

Signature of a member or 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.

Robert D. Fatovic, EVP, Chief Legal Officer and Corporate Secretary
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

MGR	Robert E. Sanchez
	11690 N.W. 105th Street
	Miaml, FL 33178
MGR	Scott T. Parker
	11690 N.W. 105th Street
	Miami, FL 33178
MGR	Karen M. Jones
	11690 N.W. 105th Street
	Miami, FL 33178
MGR	John J. Diez
	11690 N.W. 105th Street
	Miami, FL 33178
MGR	J. Steven Sensing
	11690 N.W. 105th Street
	Miami, FL 33178

