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COVER LETTER

TO: New Filing Section, Division of Corporations

SUBJECT: YELLOW BUS DISTRIBUTION, 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:

M. Clifton Davenport V 1139 N. 18th St LANETT, AL 36863 m.c.davenportv@gmail.com (706) 773 4445

For further information concerning this matter, please call:

M. Clifton Davenport V, at & (706)773-4445

Enclosed is a check for the following amount:

[]\$125.00 Filing Fee	□ \$130.00 Filing Fee &	□ \$155.00 Filing Fee &	□ \$160.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

Mailing Address

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

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Organization

For a

Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

YELLOW BUS DISTRIBUTION, LLC.

Article II

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

Yellow Bus Distribution, LLC 14100 McCormick Drive Tampa, FL 33626

Article III

The mailing address of the Limited Liability Company is:

Yellow Bus Distribution, LLC

Attn: James L. Powers

14100 McCormick Drive

Tampa, FL 33626

Article IV

The Purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article V

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

James L. Powers Jr.

14100 McCormick Drive

Tampa, FL 33626

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.

Registered Agent Signature:

James L. Powers, Ir.

Article VI

The name and address of person(s) authorized to manage LLC:
M. Clifton Davenport V, 1139 N. 18th Street, Lanett, AL 36863

Manager of Yellow Bus Distribution, LLC

Signa fure of Manager

M/Qifton Davenport V

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1'1 and May 1" in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

RECEIVED