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From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

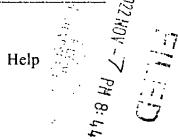
Email Address: EDDIE.NAIN@YAHOO.COM

FLORIDA LIMITED LIABILITY CO.

Fast Eddie's Delivery Service LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Fast Eddie's I	Delivery Service LLC
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pro-	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
79603 Plummers Creek Drive Yulee, FL 32097	79603 Plummers Creek Drive Yulee, FL 32097
1 0100, 1 2 02007	1000,120207
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve a another business entity with an active Florida r. The name and the Florida street address of the results of the	is its own Registered Agent. You must designate an individual or egistration.)
	egistered agent are.
Arleigh E Nain	Name
	· · —
79603 Plummers	
rionda street address ((P.O. Box NOT acceptable)
Yulee	FL 32097
City	Zip
the place designated in this certificate, I here capacity. I further agree to comply with the proof my duties, and I am familiar with and accerning to the complex of my duties. Registered Agen	
Ari	eigh E Nain
(Co	ONTINUED)
	ONTINUED) Page 1 of 2

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Fax

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Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager AMBR	Arleigh E Nain	
	79603 Plummers Creek Drive Yulee, FL 32097	
ffective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9	
LE V: Effective date, if other than the diffective date is listed, the date must be e of filling.)		
CLE V: Effective date, if other than the diffective date is listed, the date must be e of filling.) CLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 9	
CLE V: Effective date, if other than the diffective date is listed, the date must be e of filling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 9 Oocussgned by:	
CLE V: Effective date, if other than the diffective date is listed, the date must be a of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false)	specific and cannot be more than five business days prior to or 9	
CLE V: Effective date, if other than the diffective date is listed, the date must be e of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false)	Docussaned by: Docussaned by: member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State	

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