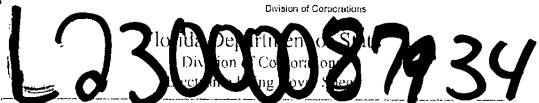
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Email Address:____

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

FLORIDA LIMITED LIABILITY CO. INTERSTATE FREIGHT SHIPPERS LLC Certificate of Status Certified Copy 0 Page Count 0.3 Estimated Charge \$125.00

Electronic Filing Menu — Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDATIMITED CLARILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Interstate Freight Shippers 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:

r rinespar Office Audress;	staning Address:
17395 N. Bay Rd Suite 210	17395 N. Bay Rd Suite 210
Sunny Isles, FL 33160	Sunny Isles, FL 33160

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:

Rosti Star		
	Name	-
17395 N. Bay Rd S	Suite 210	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	ceptable)
Sunny Isles	FL	33160
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)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Rosti Star 17395 N. Bay Rd Suite 210 Sunny Isles, FL 33160
<u>AP</u>	Peter J Borkowicz 1875 Vista Way Marzate FL 33063
	
(Use attachment if necessary)	
	ate of filing:
of filing.) If the date inserted in this block does no	
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Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Rosti Star