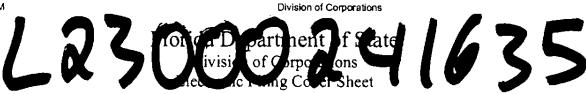
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Division of Corporations

Fax Number : (850)617-6381

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: PINKY8929@YAHOO.COM

## FLORIDA LIMITED LIABILITY CO.

## Spyke Trucking LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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H23000182002

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name: The name of the Limited Liability Company is: Spyke Trucking 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 principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 535 NE 42nd Street 535 NE 42nd Street Oakland Park, FL 33334 Oakland Park, FL 33334 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:

Michael A Sorrentino	
Nar	ne
535 NE 42nd Street	
Florida street address (P.O. B	ox <u>NOT</u> acceptable)
Oakland Park	FL 33334
City	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..

Michael A Sorreutiuo

Registered Agent's Signature (REQUIRED) Michael A Sorrentino

(CONTINUED)

Page 1 of 2

H23000182002

le:	Name and Address:
 MBR" = Authorized Mem	
GR" = Manager	Michael A Sorrentino
AMBR	
	535 NE 42nd Street Oakland Park, FL 33334
	SOMOTO FORM TO SOCOT
<u></u>	
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