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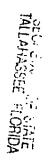
((Requestor's Name)
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((Address)
	(City/State/Zip/Phone #)
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PICK-UP	WAIT MAIL
((Business Entity Name)
((Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: O & A Trucking Name of Limited	and Hauling Transit, LLC
The enclosed Articles of Organization and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter	o the following:
Orlando An	drews ame of Person
D & A Trucki	ng and Hauling Transit
1661 35# St	Address
Sarasota, FL.	tate and Zip Code
lion180450ta @ q	Mail. COM inture annual report notification)
For further information concerning this matter, please call	:
Orlando Andrews at (94) Name of Person Area C	
Enclosed is a check for the following amount:	J&165.00
Mailing Address New Filing Section	Street Address New Filing Section Division
Division of Corporations P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

O & A Trucking and Hauling Tronsit 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:		
1661 35# 5+	166 35th St		
Sarasota, Fl 34234	Jarasota, FL 34234		

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:

WTKF. ReSource Center LL

1421 S. W. M. L. K. Jr. St

Florida street address (P.O. Box NOT acceptable)

Arcadia FL 34266

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)

The name and address of each person au	thorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MG7 C	Orlando Andrews
	Sorosota, FL 34234

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after

REOUIRED SIGNATURE:

(Use attachment if necessary)

the date of filing.)

ARTICLE V: Effective date, if other than the date of filing: ___

ARTICLE IV-

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.

Orlando Andrews
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)

\$ 5.00 Certificate of Status (Optional)

__. (OPTIONAL)