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TRANSMITTAL LETTER

Division of Corporations	
SUBJECT:	FA LOGISTICS, LLC
	(Name of Limited Liability Company)
~	
The enclosed Application by Foreign Limited Liability fee(s) are submitted for filing.	y Company for Authorization to Transact Business in Florida, Certificate of Existence, and
Please return all correspondence concerning this matte	er to the following:
LOUIS M. MEINERS,	JR.
(Name of Person)	TE 245
ADVOCATE CONSULTING	
(Firm/Company)	E CO
	Sign 3
9229 DELEGATES ROW, SUI	TE 245
(Address)	92 / S
	The second secon
INDIANAPOLIS, IN 463	240
(City/State and Zip Code)	
For further information concerning this matter, please	call:
	217 501 4070
YOLANDA ROBINSON (Name of Person)	at 317-581-4070 . (Area Code & Daytime Telephone Number)
(Name of Person)	(Mea Code & Sayumo Telephone Manibel)
CHREST ADDRESS	MANUAL INC. ADDRESS.
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines Street Tallahassee, Florida 32399	P.O. Box 6327 Tallahassee, Florida 32314

CR2E027(10/02)

* APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	FA LOGISTICS, LLC				
4	(Name of foreign limited liability company)				
2.	(Name of foreign limited liability company) DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) MAY 13, 2004 (Detay Openingtion) (Name of foreign limited liability company) (FEI number, if application) (Detay Openingtion) (Detay Openingtion) (Detay Openingtion)				
4.	MAY 13, 2004 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")				
6.	JUNE 1, 2004 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))				
7.	7869 JAMES ISLAND WÄY				
	JACKSONVILLE, FL 32256				
	(Street address of principal office)				
	If limited liability company is a manager-managed company, check here The names and usual business addresses of the managing members or managers are as follows: MICHAEL D. FISHER				
	7869 JAMES ISLAND WAY				
	JACKSONVILLE, FL 32256				
	OACKSONVIEDE, FE 32230				
havi acco mus	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official ing custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not eptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator st be submitted.) Nature of business or purposes to be conducted or promoted in Florida:				
	EQUIPMENT LEASING				
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) LOUIS M. MEINERS, JR. Typed or printed name of signee				

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

FA LOGISTICS,	LLC			
2. The name and the F	lorida street address of the reg	istered agent and of	fice are:	OF THE PARTY.
	LOUIS N	1. MEINERS, JŘ	·•	1 8 C
		(Name)		- 30 S
	200 AVIATIO	N DRIVE, SUIT	E 2	1700
	Florida street address (P.O. Box NOT ACCEP	TABLE)	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		0.45.0.4	75
	NAPLES	FL	34104	
	Ci	ity/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 608, F.S.

Louis M. Meiners, Jr.
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FA LOGISTICS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF MAY, A.D. 2004.





Warriet Smith Hindson

Harriet Smith Windsor, Secretary of State **AUTHENTICATION**: 3114868

DATE: 05~17-04