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SECRETARY OF STATE DIVISION OF CORPORATIONS

12 JUN 13 AM 9: 54

JUN 1 4 2012 T. HAMPTON

COVER LETTER

30bjEc1	EM TRANSPO	Name of Limited Liability Company
		iability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida
Please return all corresp	ondence concerning this	matter to the following:
STE	PHEN MANDELL	
		Name of Person
CAR	RIER SERVICES (OF FLORIDA
		Firm/Company
1357	7 E LAFAYETTE S	ST
		Address
TALI	_AHASSEE, FL 32	301
		City/State and Zip Code
step	hen.mandeil@ra	aboninsurance.com
		: (to be used for future annual report notification)
For further information	concerning this matter, p	lease call:
STEPHEN	N MANDELL	at (850) 942-7323
	Name of Person	Area Code & Daytime Telephone Number
MAILING AI Division of Co		STREET ADDRESS: Division of Corporations
Registration Se	ection	Registration Section
P.O. Box 6327		Clifton Building 2661 Executive Center Circle
Tallahassee, Fl	L 32314	Tallahassee, FL 32301

Xtreem Transport LLC

1064 Buckbean Branch Lane W.

Jacksonville, FL 32259

This letter is to certify that the LLC listed with the Division of Corporations in Florida filed under, Xtreem Transport LLC, with a document number of L09000100384, is filing it's articles of Dissolution.

With the filing of these Dissolution Articles, I, John Sherman, state that the LLC will not be reinstated for any reason.

Notary Public State of Florida Laura Richey My Commission #2060488

Thank You,

John Sherman

DIVISION OF COME SHOW

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:

	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: XTREEM TRANSPORT LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.)	
ço	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copposent of the managers or managing members adopting the alternate name. The alternate name must include "Limite company," "L.L.C," "LLC.")		
	NV (Jurisdiction under the law of which foreign limited liability company is organized) 3. 264237429 (FEI number, if applicable)		
4.	01/28/2009 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cexist or "perpetual")	ease to)
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	12	SEI SEI
7.	777 NORTH RAINBOW BLVD STE 250 LAS VAGAS, NV 89107 (Street Address of Principal Office)	JUN 13 AH	CHETARY OF
	If limited liability company is a manager-managed company, check here <a>If limited liability company is a manager-managed company, check here <a>If limited liability company is a manager-managed company, check here <a>If limited liability company is a manager-managed company, check here <a>If limited liability company is a manager-managed company, check here <a>If limited liability company is a manager-managed company, check here <a>If limited liability company is a manager-managed company, check here <a>If limited liability company is a manager-managed company, check here <a>If limited liability company is a manager-managed company, check here <a>If limited liability company is a manager-managed company is a manager same as follows: <a>If limited liability company is a manager same as follows: <a>If limited liability company is a manager same as follows: <a>If limited liability company is a manager same as follows: <a>If limited liability company is a manager same as follows: <a>If limited liability company is a manager same as follows: <a>If limited liability company is a manager same as follows: <a>If limited liability company is a manager same as follows: <a>If limited liability company is a manager same as follows: <a>If limited liability company is a manager same as follows: <a>If limited liability company is a manager same as follows: <a>If limited liability company is a manager same as follows: <a>If limited liability company is a manager same as follows: <a>If limited liability company is a manager same as follows: <a>If liability company is a manager same as follows: <a>If liability company is a manager same as follows: <a>If liability company is a manager same as follows: <a>If liability company is a manager same as follows: <a>If liability company is a manager same as follows: <a>If liability company is a manager same as follows: <a>If liability company is a manager same as follows: <a>If liability company is a manager same as follows: <a>If liability company is a manager same as follows: <a>If lia	4 9: 54	STATE ORATIONS
	JOHN SHERMAN		
the	 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custoe jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language instant of the certificate under eath of the translator must be submitted.) 		
11	Nature of business or purposes to be conducted or promoted in Florida:		_
	FOR-HIRE TRUCKING John Sherman		·
	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	:	

Typed or printed name of signee

JOHN SHERMAN

penalties of perjury that the facts stated herein are true. 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.)

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.

1. The name of the Limited Liability Company is:				
XTREEM TRANSPORT LLC				
If unavailable, the alternate to be used in the state of Florida is:				
2. The name and the Florida street address of the registered agent and office are:				
CARRIER SERVICES OF FLORIDA				
(Name)				
1357 E. LAFAYETTE ST.				
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
TALLAHASSEE FL 32301				
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 608, Florida Statutes.

Signature)

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

SECULTARY OF STATE ON SECULTARY OF CORPORATIONS

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, XTREEM TRANSPORT, LLC., as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 28, 2009, and is in good standing in this state.

TO THE STATE OF TH

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 29, 2012.

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: C20120529-4157
You may verify this electronic certificate
online at http://www.nvsos.gov/