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Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

FLORIDA PROFIT CORPORATION OR P.A.

Lane Auto & Truck Rentals Inc.

Certificate of Status	1
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Lane Auto & Truck Rentals Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Lane Auto & Truck Rentals Inc.

8020 Grand Blvd. Port Richey, FL 34668

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Louis Kieros 1308 Pine Ridge Cir E C2 Tarpon Springs, FL 34688

Prepared By:
Bruce B, Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Louis Kleros - President 1308 Pine Ridge Cir E C2 Tarpon Springs, FL 34688

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Louis Kleros 1308 Pine Ridge Cir E C2 Tarpon Springs, FL 34688

The undersigned incorporator(s) has(have) executed these Articles of incorporation this

22nd day of January 2004.

Louis Kleros - Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Lane Auto & Truck Rentals Inc.		
2. The name and address of the regist	ered agent and office is:		
	Louis Kleros		
	Name		
	1308 Pine Ridge Cir E C2		
	(P.O. Box or Mail Drop E	lox NOT Acceptable)	
	Tarpon Springs, FL 34688	*** *** *** *** ***	
	(City / State /	Zip)	
		*. •	
Having been named as registered a corporation at the place designated agent and agree to act in this capa relating to the proper and complete obligations of my position as regist	d in this certificate, I hereby acce city. I further agree to comply wit e performance of my duties, and t	pt the appointment as registered th the provisions of all the statu	ites
oonganons of my position as regist	erea agent.	SECRET	
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Δ			£
Louis Klerns		January 22, 2004	
Lodis Kleros		(Date)	

SIGNATURE