TRANSMITTAL LETTER

Department of State

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

500002985045--5 -09/13/99--01083--006 ****166.25 *****87.50

	(Proposed corp	orate name - must include su	iffix)	
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for:	
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	MICHELE A Name (P	FARRINGTO N rinted or typed)	JAL SEL	99 SEP
	A	RRUP LANE	AHASSEE,	□ □
e A Farricato gave	WELLINGTO City,	N. FL 334/4 State & Zip	OF 6 TATE EE, FLORIDA	PM 3: 17
	(561) 791-1			

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida - Business Corporation Act, hereby adopts the following Articles of Incorporation.

99 SEP 13 PM 3: 17

ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ABLE LOGISTICS. INC.

ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 1367 LOXAHATCHEE, FL 33470-1367

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

LINDA M. VASSALO 1917 CANTERBURY CIRCLE WELLINGTON, FL 33414

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MICHELE A. FARRINGTON 14659 STIRRUP LANE WELLINGTON, FL 33414

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation 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

Signature/Registered Agent

Date