181810000109

(Requestor's Name)	
(Address)	
(Address)	
(Auditos)	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	iAiL
(Business Entity Name)	
(Dusiness Emily Name)	
(Document Number)	
Certified Copies Certificates of Status_	
Special Instructions to Filing Officer:	
	1
	1
)
]
	ł
<u> </u>	





400029564784

03/15/04--01053--001 **78.75

ALLAHASEE FLORIDA

2004 MAR 15 PH 1: 14

\$ 3/18/04

TRANSMITTAL LETTER

2004 HAR 15 PM 1: 14
IALLAHASSEE FLORIDA

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

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	i e e
ARTICLE I NAME	
The name of the corporation shall be:	2004 MAR 15 PM 1: 14
G, Lyard Trucking, INC,	IALLAHASSEE FLORIDA
ARTICLE II PRINCIPAL OFFICE	The state of the s
The principal place of business/mailing address is:	
P.O. BOX 475	
Ba134Ma, FL132189	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	en de Maria de la compansa de la compa
Transportation Equipment	
ARTICLE IV SHARES The number of shares of stock is:	wanting of the growth of the second of the s
/	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
Willie Gilyard	
P.O. BOX 475	
Salsuma, FL. 32189 -President	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
Willie Bilyard	the state of the s
108 Crow Buff Rd	
5atsuma, FL132189	
ARTICLE VII INCORPORATOR /	
The <u>name and address</u> of the Incorporator is:	
Millie Gilyard P.O. BOX 475	•
Satsuma, FL, 32,189	***********
Having been named as registered agent to accept service of process for the above sto certificate, I am familiar with and accept the appointment as registered agent and agree	
	21. 1
In the John	3/12/4
Signature/Registered Agent	/ pate/
V Alam	3/10/4
Signature/Incorporator	Date
	(