

SUBJECT:	Overland Moto	or Carrier, Inc.		
	(Name	of corporation - must include suffix)		
Dear Sir or Ma	ıdam:			
Florida", "Cert	Application by Forei ificate of Existence", ation to transact busin	gn Corporation for Authorization and check are submitted to registeress in Florida.	to Transact Business in er the above referenced	
Please return a	Il correspondence coi	ncerning this matter to the followi	ng:	
	Orlando /		96 SEC TALL	
•		(Name of Person)	AFE JU	
	Overland	Motor Carrier, Inc. (Fim/Company)	JUN 10 P	
	5424 N.W.	199 Terr. (Address)	PH 4: 27 OF STATE EE.FLORIDA	0
	Miami, Fl	. 33055 (City/State/Zip)		
Should you ne	ed to call someone co	ncerning this matter, please call:	H	1/1/
Orlando		at <u>(305</u>) 626-0758	1 '
(Name o	f Person)	(Area Code	& Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Overland Motor Carrier, Inc.	
	Overland Motor Carrier, Inc. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	
	Delaware 3. 65-0665574 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	(Date of Incorporation) 5. 1996 (Duration: Year corp. will cease to exist or "perpetual")	
	(Data first temperated business in Marida (Seu Sections 607 1501 607 1502 AND 817 1507 2507	i i
	5424 N.W. 199 Terr.	-17"1
	Miami, Fl. 33055	
8. _. 9.	(Current mailing address) Transportation (Trucking Co.) (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
	Name: Orlando Avila	
	Office Address: 5424 N.W. 199 Terr.	
	, Florida , 33055	
10.	Registered agent's acceptance: (Zip Code)	
cor reg all and	ving been named as registered agent and to accept service of process for the above storporation at the place designated in this application, I hereby accept the appointment istered agent and agree to act in this capacity. I further agree to comply with the provision statutes relative to the proper and complete performance of my duties, and I am familiar vid accept the obligations of my position as registered agent. (Registered agent's signature) Attached is a certificate of existence duly authenticated, not more than 90 days prior to	
11.	Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is	

incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Address: ___ Vice Chairman: Address: _____ Director: Address: _____ Director: Address: _____ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: ___Orlando Avila Miami, Fl. 33055 Vice President: <u>Victor Santiago</u> Address: 19840 N.W. 54 Pl. Miami Fl. 33055 Secretary: Address: ___ Treasurer: Address: ______ NOTE: If nocessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Orlando Avila, President

(Typed or printed name and capacity of person signing application)

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OVERLAND MOTOR CARRIER, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MAY, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OVERLAND MOTOR CARRIER, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF MAY, A.D. 1996.

Edward J. Freel, Secretary of State

AUTHENTICATION:

7963595

DATE:

05-29-96

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