F960000004667

Qualification/Tax Lien Section TO: **Division of Corporations** SUBJECT: (Name of corporation - must include suffix) 1-96-111136 Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: (Name of Person) (Firm/Company) 1343 Landy Circle Lunguicod, FL 35750 Should you need to call someone concerning this matter, please call: (Name of Person) at (Av-1) 381-4432-(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



June 4, 1996

LLOYD B. SMITH L.B.S. TRANSPORT INC. 1343 LANDRY CIRCLE LONGWOOD, FL 32750

SUBJECT: L.B.S. TRANSPORT INC.

Ref. Number: W96000011736

We have received your document for L.B.S. TRANSPORT INC. and your check(s) totaling \$210.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers Document Examiner

Letter Number: 896A00027816

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.	人・13・5 T	RAISPORT	mis	:				
••	(Name of corporation: must include abbreviations of like import in languages on or partnership if not so con	ie the word "INCORPOR guage as will clearly indic stained in the name at pres	ATED' ate that ent.)	, "COMPAN it is a corpor	Y","CORPOR ation instead o	ATION" o f a natural	r word	a or
2.	State or country under the law of wh		3.	(FEI number, if applicable)				
(State or country under the law of wh	iich it is incorporated)	•					
4.	(Date of Incorporation) (Date tirst transacted business	j b	5, Our	<u> </u>	1 / E- T.	A A	က်	51A10 55
	(Dies of Incorboration)	- /.tg/	mcr)	muon: rear (orp, will cease	1 to extent of	-13 high	is in
6.	(Date tires transacted business	in Florida (SER SECTION	5607 T	501 207 150	7 Jun 917 15	ere)	70	7
	(Dain mar datherson oranicae	m richida (Dee Bections	. 007.1.	301,007.130	2, AND 017.13	J, F.J.)		
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7.	The second second	4 11010				~-~	<u></u>	<u> </u>
	1000 000	5 304T	}				۵	35
Long vood 、 た 38450 (Current mailing address)								
		•		,				
8.	(Purpose(s) of corporation aluthorize							
	(Purpose(s) of corporation authorize Florida)	ed in home state or countr	y to be	carried out in	the state of			
9.	Name and street address of acceptable) Name:	~	•	•		•		_
Off	fice Address: 67:00.5					Ĵ		
	b. da = 3	7 ~		Title and a	3-50-5	7		
		40		, rionua , (Zip Code)	<u> </u>		
10.	. Registered agent's accepti	Ruce:						
reg all and	rving been named as registere rporation at the place design ristered agent and agree to a statutes relative to the proped accept the obligations of my	ct in this capacity. It is and complete perfet y position as register (Registered agen	fürthe orman red ag '	er agree to ce of my d ent.	comply with	h the pro am famil	visior liær w	is of ith
11.	Attached is a certificate of e delivery of this application to official having custody of co incorporated.	o the Department of	State.	by the Sec	retary of St	ate or ot	her	

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) Chairman: Address: Vice Chairman: Address: ... SMITH Director: 33420 Address: Director: Address: _ S B. OFFICERS (Street address only- P. O. Box NOT acceptable) Address: 1343 Bobert Vice President: Address: _ with Treasurer: 30*75*0 Cichi Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 10mln1 (Signature of Chairman) Vice Chairman, or any officer listed in number 12 of the application) ROBERT (Typed or printed name and gapacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "L.B.S. TRANSPORT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND I; IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JUNE, A.D. 1996.

SECRETARY OF STATE SECRETARY OF STATE

Edward J. Freel, Secretary of State

AUTHENTICATION.

7994468

DATE.

06-20-96