

TRANSMITTAL LETTER

P0000008684

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

CIDIECT.	LYONS ASSOCIATES T	FRANSPORT, INC		
SUBJECT:	(Proposed corpor	ate name - must include suf	fix)	•
			400003105 -01/20/00(*****78.75	52745 01122010 *****78.75
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	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	WILLIAM M.	LYONS		
	Name (Printed or typed)		TĂL))
	303 MAIN			
	Address			
	AUBURNDALE, FLORIDA 33823			PH 2: 39
	City, State & Zip		0216	39
	863.967.6033			
	Daytime Telephone number			

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

04 1/26

ARTICLES OF INCORPORATION

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

NAME ARTICLE I

The name of the corporation shall be:

LYONS ASSOCIATES TRANSPORT, INC.

PRINCIPAL OFFICE ARTICLE II

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

303 MAIN ST. AUBURNDALE, FLORIDA 33823

ARTICLE III SHARES

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

1000

INITIAL REGISTERED AGENT AND STREE ARTICLE IV

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

WILLIAM M. LYONS 303 MAIN ST. AUBURNDALE, FLORIDA 33823

INCORPORATOR ARTICLE V

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

WILLIAM M. LYONS 303 MAIN ST. AUBURNDALE, FLORIDA 33823

Signature/Incorporator

(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