

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314

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-02/08/00--01135--004
*****78.75 *****78.75

REYESSON FREIGHT LINES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF INCORPORATION
AND A CHECK FOR:

SEVENTY EIGHT DOLLARS AND SEVENTY FIVE CENTS (\$78.75)
FILING FEE & CERTIFICATE

FROM: ANA J. REYES, PRESIDENT & CEO
JUAN P. REYES, VICE-PRESIDENT
NAME (PRINTED OR TYPED)

12301 CORIANDER DRIVE
ADDRESS

ORLANDO, FLORIDA 32837
CITY, STATE & ZIP CODE

407.858.0648
DAYTIME TELEPHONE NUMBER

FILED
2000 FEB -8 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. Howell FEB 15 2000

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.

ARTICLE I NAME

The name of the corporation shall be:

REYESSON FREIGHT LINES, INC.

ARTICLE II PRINCIPAL OFFICE

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

12301 CORIANDER DRIVE
ORLANDO, FLORIDA 32837

ARTICLE III SHARES

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

FIVE HUNDRED (500) PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JUAN P. REYES
4831 HEADLEE DRIVE
ORLANDO, FLORIDA 32822.1717

ARTICLE V INCORPORATOR

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

ANA J. REYES
12301 CORIANDER DRIVE
ORLANDO, FLORIDA 32837

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA