TRANSMITTAL LETTER

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

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SUBJECT:	DELIVERY F	ASSOCIATES TENAME-MUST INCLU	ME SUFFIX)		
		;			
Enclosed is an origin	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	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL COL			
FROM:	Peter J. NA Name (Pr	964 inted of typed)		i 	
	7374 Nu				
	PLANTATION City, S	1 FL 33	317	DIVISION OF OR 2	25025
	954-295-			OF CORP	JO ABVI.
Daytime Telephone number				_ = ,	'n

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

ANTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) <u>ARTICLE</u> I The name of the corporation shall be: DELIVERY ASSOCIATES, ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 7374 NW 5 PLANTATION, FL 33317 The purpose for which the corporation is organized is: MANAGE DELIVERY PLANTATION, FLORIDA The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): The name and Florida street address of the registered agent is: PLANTATION, FL 33317 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Peter J. NAGY Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Signature/Registered Agent

Signature/Incorporator

Signature/Incorporator

Signature/Incorporator