TRANSMITTAL LETTER

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

SOUTHEAST TRUCK OUTFITTERS INC.
(Proposed corporate name - must include suffix)

6000003276076 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

400 CAPITAL CIRCLE SE. SUITE 18
Address

[ALLAH ASSEE, Fl. 32301-3839
City, State & Zip

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

5 2000 T. Burch JUN

111-10 111-1

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: Sou HEAST TRUCK OUTFITTER INC.	SECRETARY OF STATE TALLAHASSEE, FLORID	00 JUN -5 AM 10: 17	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:		=	
	al a		
MOONING 400 CAPITAL CIRCLE SE SUITE 18 #284			
TALL AMBSEE, Fl. 32301-3839			
ARTICLE III SHARES			
The number of shares of stock that this corporation is authorized to have outstanding at any one	e time is:	+ +	
1			
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS			
The name and Florida street address of the initial registered agent are:			

400 CAPITAL CIRCLE SE SMITE 18 # 284

THUAHASSEE, D. 32301-3839

ARTICLE V INCORPORATOR

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

KIP WEST

400 CAPITAL CIRCLE SE. SUITE 18 # 284

TACLAMSSEE, Pl. 32301-3839

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

WEST

Date