TRANSMITTAL LETTER Department of State Division of Corporations

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

TRUCKINGS orate name - must include sp	_02\12\0001000100_				
Enclosed is an original and one (1) copy of the articles of incorporation and a check for:					
\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status				
FROM: Name (Priored or typed)					
8919 Westbay Blod					
Florida 3: State & Zip	AM 7: 56 LE, FLORID				
	States of incorporation and \$78.75 Filing Fee & Certified Copy ADDITIONAL CO Graded or typed) AUGUS BING	##### 78.75 ##### 78.75 eles of ingorporation and a check for: \$ \$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED \$ \$2.016 The color of			

W-13554

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



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 25, 2000

NORMA LAING 8919 WESTBAY BLVD TAMPA, FL 33615

SUBJECT: N & N TRUCKING, INC. Ref. Number: W00000013554

We have received your document for N & N TRUCKING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of 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 (850) 487-6928.

Tim Burch Document Specialist

Letter Number: 200A00029960

In compliance with Chapte	ORPORATION er 607 and/or Chapter 621, F.S. (I	Profit)	
	NAME	•	
The name of the corporation	n shall he		
	N 531211 55.	1 & N Trans	port, inc.
	PRINCIPAL OFFICE	e.	
The principal place of busin	ness/mailing address is:		
8919 wests Tampa	bay Blug		
Tampa 7	9° 33615		7
	PURPOSE		££ 8
The purpose for which the	corporation is organized is:		
ARTICLE IV S	SHARES		938
The number of shares of sto		-	
10,000			7: 56 STATE LORID,
10 1000			25 S
ARTICLE V I	NITIAL OFFICERS/DIRECT	<u>ORS</u>	⊅ °
The name(s) and address(e	s):		
Nathaniel on	1 NORMA Laing	-, / / -	
ryld weste	A NORMA Laing bay BIVA Tampa REGISTERED AGENT	T1, 336/5.	
The name and Florida sta	EGISTERED AGENT		
o la	eet address registered agent are:		
NOKMA C	aing Bud Tampa Fi	100/15	
	1 BNU Tampu M	336/3	
	NCORPORATOR		-
The name and address of			
NORMA Lai			
8919 westb	ay Bhd. Tamp	a Fl. 33615	· ************************************
Having been named as registered	d agent and to accept service of process	for the above stated cornoration	n at the place designated in
ınıs cerиjicaie, 1 nereby ассерt ti	ne appointment as registered agent and c uting to the proper and complete perfort	agree to act in this capacity. I f	urther agree to comply with
obligations of my position as regi	stered agent.	nunce of my auties, and I am fl	imitiar with ana accept the
/ / Lan		4/25/0	0
Signature/Register	ed Agent	$\frac{7/20}{D}$	ate
		، سم اله	_

Signature/Incorporator