POODOO STRANSMITTAL LETTER S8078

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

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SUBJECT:	GAP TRANSPORT, INC.		 	
	(Proposed continued one) (Proposed continued one) (Proposed continued one)	orporate name - must include soft incorporation and a	DJUN -7 AMII: 5 ECRETARY OF STAT LAHASSEE, FLORI check for	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	GIOVANNI A. PINTO Name (P	rinted or typed)	·	. <u> </u>
	4708 ESTRADA LN	Address	erfec	TIVE DATE -01-00
	MIMS FL 32754 City,	State & Zip	· · · · · · · · · · · · · · · · · · ·	- patrophist and a supply of
	(321) 385-9763	elephone number	-	

96/14

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:

GAP TRANSPORT, INC.

ARTICLE II PRINCIPAL OFFICE

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

4708 ESTRADA LN MIMS FL 32754

ARTICLE III SHARES

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

200

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

NORMA JEAN SEIFFERT S & S BUSINESS SERVICES, INC.

2910 GARDEN ST

ARTICLE V INCORPORATOR

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

GIOVANNI A. PINTO 4708 ESTRADA LN MIMS FL 32754 ANITA A. PINTO 4708 ESTRADA LN MIMS FL 32754

O 6-01-00

ARTICLE VI EFFECTIVE DATE

TIME 1, 2000

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