POUSONITIAL LETTER 60/56

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



| SUBJECT: LAUPERT TRANSPORT INC. | | | | | |
|---|--|--|--|--|--|
| (Proposed corporate name - must include suffix) | | | | | |
| 200033868728 -09/08/0001074004 *****78.75 *****78.00 | | | | | |
| Enclosed is an original and one (1) copy of the articles of incorporation and a check | | | | | |
| for: \$70.00 \$78.75 Filing Fee & Certificate \$122.50 \$131.25 Filing Fee & Certified Copy & Certified Copy & Certificate Additional Copy Required | | | | | |
| FROM: LEROY AIAN LAUDERT Name (printed or typed) | | | | | |
| 211 19th ST Sw Address | | | | | |
| NAPIES FL. 34117 City, State & Zip | | | | | |
| 941-348-2824 Daytime Telephone number | | | | | |

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



ARTICLES OF INCORPORATION

MIGHT OF THE PARTY OF THE PARTY

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

LAUPERT TRANSPORT INC.

ARTICLE II PRINCIPAL OFFICE

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

ZIII 19TH ST SW NAPleS FC, 34117

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

AIAN LAUPERT 2111 19TH ST SW NAPIES FL. 34117.

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

LEROY ALAN LAUPERT 2111 19TH ST SW NAPIES FL. 34/17

| The undersigned incorporator(s) | mas(mave) executed diese wincles of micorpora | ndon ans |
|-----------------------------------|---|--------------|
| day of | - , <u>2000</u> | |
| (An additional article must be ad | ded if an effective date is requested.) | |
| | Drug Signature | - · <u>-</u> |
| | Signature | · |
| | Signature | |

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. | The name of the corporation is: LAUPERT TRA | NSPORT |
|----|---|-----------------------|
| | <u> Ito Corporated</u> | |
| 2. | The name and address of the registered agent and office is: | FISH B |
| | Leroy AIGN LAUDERT | SEP-8 CRETARY CLAHASS |
| | (P.O. Box or Mail Drop Box NOT ACCEPTABLE) | PM 1:18 |
| | WADRES FC 34/1) | 3m |

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) (DATE)