Description of the second of t

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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Examiner's Initials

OFFICE USE ONLY

C	ORPORATION NAME(s) & D	OCUMENT NUMBE	ER(S) (if known):	
1.	ALL STAR DE	LIVERY	SYSTEMS	INC.
2.	(Onlywhio) Halloy	, •	*	
2	(Corporation Name)		(Document #)	
3.	(Corporation Name)		(Document #)	SSC 2
4.	(Corporation Name)		(Document #)	
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	OTHER FILNGS	REGISTRATION QUALIFICATION		1/6/
	Annual Report	Foreign		3/12/01
	Fictitious Name	Limited Partnership		// /
	Name Reservation	Reinstatement		, -
		Trademark		

Other

ARTICLES OF INCORPORATION

The undersigned incorporator(s), 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: ALL STAR DELIVERY SYSTEMS INC

ARTICLE II PRINCIPAL OFFICE

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

2010 N.W 182 TERRACE PEMBROKE PINES, FL 33029

ARTICLE III SHARES

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

Ten shares @ \$100.00 par value

ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida address of the initial registered agent is:

RALPH BOMBARDIERE 2010 N.W 182 TERRACE PEMBROKE PINES, FL 33029

ARTICLE V INCORPORATOR(S)

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

RALPH BOMBARDIERE 2010 N.W 182 TERRACE PEMBROKE PINES, FL 33029

Signature / Incorporator

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