

P01000033068  
TRANSMITTAL LETTER

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

000003923760--7  
-03/28/01--01053--010  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: R.E. LYONS TRUCKING, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☒ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Robert E. Lyons  
Name (Printed or typed)  
4514 Whispering Inlet Dr.  
Address  
Jacksonville, FL 32277  
City, State & Zip  
904-744-9274  
Daytime Telephone number

FILED  
01 MAR 28 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Pat 3/28/07

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

01 MAR 28 PM 12:06

## ARTICLE I NAME

The name of the corporation shall be:

R.E. LYONS TRUCKING, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4514 Whispering Inlet Dr.  
Jacksonville, FL 32277

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any or lawful business permitted by the laws  
of the State of Florida, including freight hauling.

## ARTICLE IV SHARES

The number of shares of stock is:

1,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Robert E. Lyons, Pres  
4514 Whispering Inlet Dr.  
Jacksonville, FL 32277

Trina C. Lyons, Sec/Tres  
4514 Whispering Inlet Dr.  
Jacksonville, FL 32277

## ARTICLE VI REGISTERED AGENT

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

Robert E. Lyons  
4514 Whispering Inlet Dr.  
Jacksonville, FL 32277

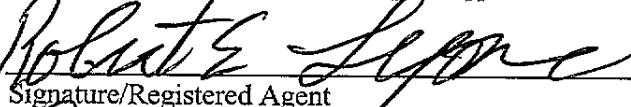
## ARTICLE VII INCORPORATOR

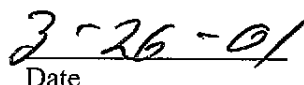
The name and address of the Incorporator is:

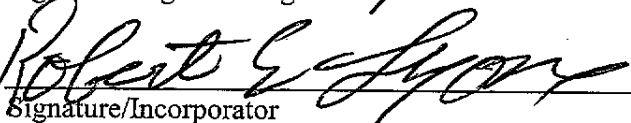
Robert E. Lyons  
4514 Whispering Inlet Dr.  
Jacksonville, FL 32277

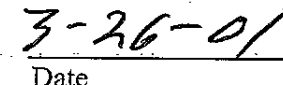
\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Signature/Registered Agent

  
Date

  
Signature/Incorporator

  
Date