TRANSMITTAL LETTER

H010000565

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

(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

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

Filing Fee & Certified Copy Filing Fee,

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	MATTHEW JOHN SUSEN	=
	Name (Printed or typed)	on The
	2253 W. MISSION	SION OF
	Address	
	TALLAHASSEE; FL 32304	4000 F
	City, State & Zip	3
	Const tax con-	

Daytime Telephone number

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

ARTICLES OF INCORPORATION OF

Capital Courier, INC.,

The undersigned hereby acts to form a corporation under the laws of the State of Florida, by and under the provisions of the statutes of the State of Florida, providing for the formation, liability, rights, privileges and immunities of a corporation for profit.

Article I Name
The name of the corporation shall be:
Capital Courier, INC.,

Article II Principal Office
The Principle place of business/mailing address is:

The street address of the initial principal office of this corporation shall 2253 W. Mission Rd. Apt. C, Tallahassee, FL, 32304, and the mailing address for the corporation shall be P.O. Box 10701 Tallahassee, FL 32302, or at such other location designated by the Board of Directors with the privilege of having branch or other offices at other places within or without the State of Florida.

Article III Purpose

The purpose for which the corporation is organized:

The general nature of the business to be transacted by this corporation is to engage in any activity or business permitted under the laws of the United States and of the State of Florida

Article IV Shares
The number of shares of stock is:

The authorized Capital Stock of this corporation shall consist of 1,000 shares of \$.001 par value common stock

Article V Initial Officers/Directors (optional) The name and Addresses:

The names and street addresses of the members of the initial Board of Directors who shall hold office until the first meeting of the stockholders or until their successors are elected or appointed and have qualified are as follows:

President: Matthew John Susin P.O. Box 10701 Tallahassee, FL 32302 Vice President: Matthew John Susin P.O. Box 10701 Tallahassee, FL 32302

Secretary: Matthew John Susin P.O. Box 10701 Tallahassee, FL 32302

Treasurer: Matthew John Susin P.O. Box 10701 Tallahassee, FL 32302

Article VI Registered Agent

The name and Florida Street Address of the Registered agent is:

The street address of the registered agent of this corporation shall be 2750 Old St. Augustine Rd., Suite #N-139; Tallahassee, FL 32301, with the privilege of having branch or other offices at other places within or without the State of Florida. The registered agent at the above address shall be Mike Mastrapa.

Article VII Incorporator

The name and address of the incorporator is:

The name and street address of the sole incorporator to these Articles of Incorporation is as follows:

Name

Street Address

Matthew John Susin

P.O. Box 10701 Tallahassee, FL 32302 Phone (850)-591-6077 Fax (850) 681-0207

Article VII AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by a majority vote of the stockholders or by the Board of Directors, proposed by them to the stockholders, and approved at a stockholders' meeting by a majority of the stock entitled to vote thereon, unless all the stockholders and all the directors sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersi	gned, being the original incorporator to	
###/, 2001.	o set his hand and seal this / day of	
	Matthew John Susin as sole incorporator	
STATE OF FLORIDA COUNTY OF Leon	and the second s	mer •···ge•.
The foregoing instrument was acknowled June, 2001, by Mathew John Su to me (or who has produced PLDL did/did not take an oath.	ledged before me this 7 day of sin , who is personally known as identification), and who	• .
NOTARY PUBLIC		
(Seal) MARY E. STAFFORD COMMISSION # DD 022502 PHRES: May 2, 2005 Educated Torus Notary Public Underwriters CERTIFICATE DESIGNATING PLACE THE SERVICE OF PROCESS WITHIN THIS WHOM PROCESS MAY BE SERVED. Pursuant to the provisions of section 607.050	S STATE, NAMING AGENT UPON	**
corporation, organized under the laws of the st statement in designating the registered office/regis	tate of Florida, submits the following	
1. The name of the corporation is: Capital Courie	er , INC.,	
2. The name and address of the registered agent ar	nd office is:	
Mike Mastrapa 2750 Old St. Augustine Rd. Suite #N-139 Tallahassee, FL 32301 Phone (850)-566-7401 Fax (850)-681-0207		-
SIGNATURE:		
Matthew John Susin		
DATE: 6/07/01	E: Sole Incorporator/President	

ूर की पूर्व की 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.

Mike Mastrapa

2750 Old St. Augustine Rd. Suite #N-139

Tallahassee, FL 32301

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SECRETARY OF STATE
SECRETARY OF STATE