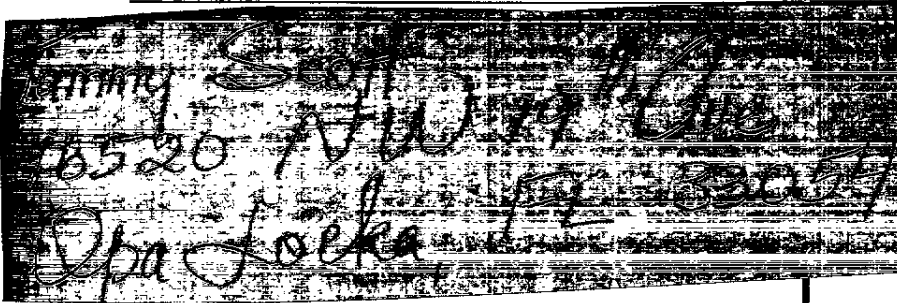


P02000013045



400004646244--2  
-10/22/01--01015--016  
\*\*\*\*\*79.00 \*\*\*\*\*78.75

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. 6 T TRANSPORT, INC. 01/23/02  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

CR2E031(7/97)

Tammy GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT at VII  
DATE 2/5  
DOC. EXAM 16

Examiner's Initials

W02-532-168  
W01-24359  
7510/22/01  
168  
2/5/02



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 8, 2002

TAMMY SCOTT  
16520 N.W. 19TH AVENUE  
OPA LOCKA, FL 33054

SUBJECT: G T TRANSPORTATION SERVICE  
Ref. Number: W02000000532

We have received your document for G T TRANSPORTATION SERVICE and check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6924.

Stacy Prather  
Document Specialist Supervisor  
New Filings Section

Letter Number: 402A00000872

# ARTICLES OF INCORPORATION

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

**GT TRANSPORTATION SERVICE, INC.**

**EFFECTIVE DATE**  
01/23/02

## ARTICLE I: NAME

The name of the corporation shall be:

**GT TRANSPORTATION SERVICE, INC.**

## ARTICLE II: PRINCIPAL OFFICE

The principal place of business /mailing address of the corporation is:

16520 NW 19<sup>TH</sup> Avenue  
Opa Locka, FL 33054

## ARTICLE III: PURPOSE

The purpose for which the corporation is organized is to provide bus transportation for school-children, the elderly and special programs.

## ARTICLE IV: SHARES

The number of shares of stock that this corporation is authorized to have:  
100 shares

## ARTICLE V: INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Tammy Scott	16520 NW 19 <sup>th</sup> Avenue
Director	Opa Locka, FL 33054

## ARTICLE VI: REGISTERED AGENT

The name and address of the registered agent is:

Tammy Scott  
16520 NW 19<sup>th</sup> Avenue  
Opa Locka, FL 33054

## ARTICLE VII: INCORPORATOR

The name and address of the incorporator is:

Tammy Scott:	16520 NW 19 <sup>th</sup> Avenue
	Opa Locka, FL 33054

## ARTICLE VII: EFFECTIVE DATE

The effective date of this corporation is:

01/23/02

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

*PURSUANT TO THE PROVISIONS OF SECTION 617.0501, 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

***G T TRANSPORTATION SERVICE, INC.***

(Must include suffix)

2. The name and address of the registered agent and office is:

**Tammy Scott**  
(NAME)

**16520 NW 19<sup>th</sup> Avenue**  
(P O Box or Mail Drop Box NOT ACCEPTED)

**Opa Locka, Florida 33054**  
(CITY/STATE/ZIP)

*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.*

✓ Tammy R. Scott  
SIGNATURE/REGISTERED AGENT

✓ 1/30/02  
DATE

✓ Tammy R. Scott  
SIGNATURE/INCORPORATOR

✓ 1/30/02  
DATE