## P02000029081

ELKIN MONTOYA P.O. BOX 423591 KISSIMMEE, FL 34742		
City/State/Zip Phone #	1-	<del></del>
CORPORATION NAME(S) & DOCUM	office Use	762/26/0201031002 *****87.50 *****87.50
1. (Corporation Name) 2.	(Document #)	
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(Corporation Name)  4(Corporation Name)	(Document #)	AM IO: 55
Walk in Pick up time  Mail out Will wait	Certif	fied Copy
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/ Change of Registered Agent Dissolution/Withdrawal Merger	Director
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICA  Foreign Limited Partnership Reinstatement Trademark Other	3-18-02
CR2E031(7/97)	Examin	ner's Initials



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 4, 2002

ELKIN MONTOYA PO BOX 423591 KISSIMMEE, FL 34742

SUBJECT: SAI TRUCKING, INC. Ref. Number: W02000006029

We have received your document for SAI TRUCKING, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

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) 245-6928.

Tim Burch Document Specialist New Filing Section

Letter Number: 902A00012823

## ARTICLES OF INCORPORATION OF SAI TRUCKING, INC.

THE UNDERSIGNED INCORPORATIOS, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADPOT THE FOLLOWING ARTICLES OF INCORPORATION,

ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

SAI TRUCKING, INC.

THE PRINCIPAL OFFICE OF THIS CORPORATION SHALL BE:

P.O. BOX 423591 KISSIMMEE, FL 34742

ARTICLE II - NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTY, TERRITORY, OR NATION.

ARTICLE III - CAPITAL STOCK

THE AGGREGATE UNMBER OF SHARES OF STOCK, AND ITS PAR VALUE THAT THIS COPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

ELKIN MONTOYA-PRESIDENT ONE HUNDRED (100) SHARES OF COMMON STOCK HAVING A PAR VALUE OF ONE (\$1.00) DOLLAR PER SHARE.

ARTICLE IV - TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V - OFFICERS/DIRECTORS

THE NAME AND ADDRESS OF THE INITIAL OFFICER AND DIRECTOR WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSORS ARE ELECTED ARE:

> ELKIN MONTOYA P.O. BOX 423591 KISSIMMEE, FL 34742

ARTICLE VI - INCORPORATORS

THE NAME AND STREET ADDRESS OF THE INCORPORATORS TO THESE ARCTICLES OF INCOPORATION ARE:

> **ELKIN MONTOYA** SAI TRUCKING, INC. P.O. BOX 423591 KISSIMMEE, FL 34742

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATORS HAVE EXECUTED THESE ARTICLES OF INCORPORATIONS AT THIS DAY OF February, 2002.

MGNATURE OF INCORPORATORS

STATE OF FLORIDA COUNTY OF OSCEOLA

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED AND SWORN TO BEFORE ME THIS 18 DAY

(SEAL)

LUIS R. CALDERON Notary Public - State of Florida My Comm. Expires May 10, 2003 Commission # CC803927 NOTARY PUBLIC, STATE OF FLORIDA

CERTIFICATE/DESIGNATIONS
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE REQUIREMENTS OF SECTION 607-034 AND 607-325 FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATION THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1- THE NAME OF THE CORPORATION IS:

SAI TRUCKING, INC. P.O. BOX 423591 KISSIMMEE, FL 34742

2- THE NAME AND ADDRESS OF THE REGISTERED AGENT & OFFICE

ELKIN MONTOYA

1802 Barton Drive; #3 Kissimmee, FL 34741

TITLE: PRESIDENT

SIGNATURE OF CORPORATE OFFICER

HAVING BEEN NAMED TO ACCEPT SERVICES OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT TO ACTIN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES OBLIGATIONS OF THE ABOVE MENTIONED PLORIDA STATUTES.

DATE: 02 / 18 /2002