FILED

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

02 APR 17 PM 1:18

SECRETARIA STATE TALLAHASSEE, FLORIDA

Magnolia Transportation SUBJECT: (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:                             | 1110          | nael 1,               | rowh                            | 190                                |
|------|-----------------------------------|---------------|-----------------------|---------------------------------|------------------------------------|
|      | <b>16</b>                         | _             | Name (Prin            | ted or typed)                   | 800005290198-<br>-04/17/0201060007 |
|      | -                                 | 1524          | chuli                 | Nene                            | ****128.75 *****78.                |
| EIVI | 7 PM<br>TOFS<br>HPPORS<br>E. FPOR |               |                       | iress                           |                                    |
| REC  | PANSSEN                           | -             | h A SSEC<br>City, Sta | FL. Zip                         | 32301                              |
| r 6  | OWNSION<br>TALLA                  | Hm #<br>850-8 | 377-623               | \ \ \ mb#<br>85<br>phone number | 0-591-4375                         |
|      |                                   |               | Daytinic Tele         | phone namber                    |                                    |

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

CB 4/2

\*\*\*\*\*78.75

| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)   |   |
|--|---|
| ARTICLE I NAME  The name of the corporation shall be:  MAGNOLIA TRANSPORTATION   | INC.  |
| ARTICLE II PRINCIPAL OFFICE  | • 99  |
| The principal place of business/mailing address is:  | -   |
| 1524 Chuli NeNe<br>TAILAHASSEE, FL. 32301  |   |
| ARTICLE III PURPOSE  | sames and a second  |
| The purpose for which the corporation is organized is:   | Markey Rates  |
| The purpose for which the corporation is organized is:  Car Service, Flat RAtes And  ARTICLE IV SHARES  ARTICLE IV SHARES  | ation for Private   |
| ARTICLE IV SHARES  | en e                          |
| The number of shares of stock is:  | 78.   |
|  |   |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)  | OZ APR 17 SEGNANIASSEI  |
| The name(s), address(es) and title(s):   | 7 <b>7</b>  |
| Michael T. Powhida - CEO   |   |
| 1524 Chuli NeNe  | PH : R  |
| Tallahassee, F.L. 32301  | RID.  |
|  | <b>1</b>  |
| ARTICLE VI REGISTERED AGENT  |   |
| The <u>name and Florida street address</u> of the registered agent is:   |   |
| Michael T. Powhida   |   |
| 1524 chuli Neve  |   |
| TALLAHASSEE, FL. 32301   |   |
| ARTICLE VII INCORPORATOR   |   |
| The <u>name and address</u> of the Incorporator is:  |   |
| Michael T. Powhida   |   |
| 1524 chuli NeNe  | ·   |
| TAIIAHASSEE FLO 32301 ************************************   | ************  |
| Having been named as registered agent to accept service of process for the above stated co-<br>certificate, I am familiar with and accept the appointment as registered agent and agree to a | rporation at the place designated in this<br>act in this capacity |
| Midael T. Cowleda  | 4-17-02   |
| Signature/Registered Agent   | Date  |
| Michael T. Powlike   | 4-17-02   |
| Signature/Incorporator   | Date  |

ARTICLES OF INCORPORATION