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

-05/20/02--01045--011 *****70.00 *****70.00 (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

\$122.50

\$131.25

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	Keith Soraci
	Name (Printed or typed)
	12301 Rockledge Circle
	Address
	Bog Patan FC 33428
	City, State & Zip
	(561) 702-3522
	Daytime Telephone number

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

ARTICLES OF INCORPORA	ATION	DIVISE DIVISE
The undersigned incorporator, for the purp Business Corporation Act, hereby adopts the	pose of forming a corporation under the Flo he following Articles of Incorporation.	orida 20 of co.
ARTICLE I NAME The name of the corporation shall be:	Colonial Trans of LI	Inc #5
ARTICLE II PRINCIPAL OF		100 0 11 1 Codo
The principal place of business and mai	ling address of this corporation shall be	: 12301 Packbodge Circle Baca Patan FC 33428
		Boxa Paton FC 33428
ARTICLE III SHARES		•
The number of shares of stock that this	corporation is authorized to have outstan	nding at any one time is:
		ten
ARTICLE IV INITIAL REGI	Stered agent and street	ADDRESS
The name and Florida street address of	the initial registered agent are:	Keeth Soraci
ARTICLE V INCORPORATO		12301 Rockledge Girole- Boca Raton FL 33428
The name and address of the incorpora	ator to these Articles of Incorporation ar	re: Wh Cons
	* *************************************	re: Kedh Soraci
	The second secon	12301 Rockledy arele Boca Retar FC 33421
•		Doca kath the 3340

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

Signature/Incorporator

Date

Date