TRANSMITTAL LETTER

Department of State Division of Corpora P. O. Box 6327 Tallahas ee, FL 22	-IEEI MANA	OEMENT S	ERVICES (
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> I		_
	•	, -	00000572 -06/07/02 *****87.5	2 58303 - 01053021 50 *****87.50 _
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation ar		JU *******01.3U
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
FROM:	HARRY G ED	WAROS		:
ربو.	Name	(Printed or typed)	SEC	02 J
Mily and	MARGATE	Address	RETARY OF STANDAR ANASSEE FLOWING	The state of the s
Mho Jones Your Shame	954-536-5 Daytime To	elephone number	R DK Sight	
pn,	NOTE: Please provide the or	iginal and one copy o	f the articles. $\stackrel{\wedge}{\sim}$	X
		e 114		}



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 10, 2002

HARRY G. EDWARDS 6563 NW 3RD ST. MARGATE, FL 33063

SUBJECT: FLEET MANAGEMENT SERVICES Ref. Number: W02000016709

We have received your document for FLEET MANAGEMENT SERVICES \bigcirc . Let c . However, the document has not been filed and is being returned for the following:

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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) 245-6934.

Loria Poole Corporate Specialist New Filings Section

Letter Number: 802A00037929

AHU:

Ms Poole

Per our phone conversation

NAME Fleet MANAGEMENT SERVICE INC

MANKYOW

Long Each

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:	
FIEET MANAGEMENT SERVICES TNC.	02 SE TAL
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 6563 へい 3 ペロ ST	JUN 11 A
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	AM II: 42 OF STATE EE FLORIDA
DETAILING	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	÷
HARRY EDWARDS 6563 NW 3RD St. Margate, TRI	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: HARRY G. EDWARDS	
6563 NW 3 ^{RO} ST. Margate, FI	. "
**************************************	at the place designated in this
Signature/Registered Agent	G/13/02 Date
- Jany & Selend.	6/5/02
Signature/Incorporator	⊌ate /