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## TRANSMITTAL LETTER

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

SUBJECT:	FABIAD TRANS	OSTIV. are name - must include suffi	x)
Enclosed is an origina	al and one(1) copy of the articles	of incorporation and a ch	eck for :
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED
FROM:	FABIANTR Name (Pri	AUS JORT ITE	
	5259 J	loves Rd, idress	
	ST. Cloud	1 FL , 3477, tate & Zip	<u> </u>

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

Daytime Telephone number

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida
Business Corporation Act, hereby adopts the following Articles of Incorporation.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.  ARTICLE I NAME The name of the corporation shall be:
ARTICLE I NAME
The name of the corporation shall be:
FABIAN TRANSPORT, IN.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
5259 Jours Rd. St. CLoud, FL, 3479,
ARTICLE III SHARES -
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100) ODE HUNDRED
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
1 HOMAS FASSAU, MESS. 100% Equite Olumber
THOMAS FABRAD, ARSS. 100% Equity OWNED  SASA JOVES R.J. St. CLOUD, FL. 3477/
2X110DB   MCOX1 01011 0R
The name and address of the incorporator to these Articles of Incorporation are:

THOMAS FABIAN, PRES. 100% Equity OWNER 5259 Jones Ad St. Claud, FL-34771 Signature/Incorporator

(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 thy position as registered agent

Signature/Registered Agent