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☐ PICK-LIP	WAIT MAIL
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TRANSMITTAL LETTER

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

SUBJECT:	HNDERSON F-7 (Proposed corpo	orate name - must include suf	fix)		
Enclosed is an o ri	ginal and one(1) copy of the article	s of incorporation and a	sheck for		
∑⊠ \$70.00 Filing Fee	\$78.75	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM: PAUL G ANDERSON Name (Printed or typed)					
	ARCADIA	Address FLA 3 State & Zip	769 4269		
	1-863-	993-2239 elephone number			

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

ARTICLES OF INCORPORATION

RIA RATE

APTICIPI

The under	stgned incorpo	rator, for the pu	rpose of forming	g a corporation un	der the Florida
Business (Corporation Ac	t, hereby adopts	s the following A	rticles of Incorpor	ration.

THE TOTAL STATE OF THE STATE OF	
The name of the corporation shall be:	ARE TO
ANDERSON EXPRESS, INC	125 PHI2: 17 TARY OF STATE ASSEE FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be:	
4806 SW CTY RD 769	7 0A
ARCADIA, FLA 34269	
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstanding	ng at any one time is:
1,000	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET A	<i>DDRESS</i>
The name and Florida street address of the initial registered agent are: PAUL GANDERSON 4806 SW CTY RO 769 ARCHOLA FLA 34269 ARTICLE V INCORPORATOR	-
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:	
PAUL G ANDERSON 4806 SW CTY RD 768 ARCADIA, FLA 34269	
Paul 6 anders 11-2	0-02.
Signature/Incorporator	Date
•	

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

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

obligations of my position as registered agent

| Complete | 1/-20-02 |
| Signature/Registered Agent | Date