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TRANSMITTAL LETTER

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

SUBJECT:	No Boundaries Transportation, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00	□ \$78.75	□ \$78.75	\$87.50
Filing Fee		Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Anthony J. Bradshav	4	
PROM.	Name (Printed or typed)		
		_	
	1694 Robbins Bridge Road		
		Address	
	Bonifay, FL 32425	-	
	City, State & Zip		
	850-251-2015		
	Daytime 1	Telephone number	

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

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:

No Boundaries Transportation, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1694 Robbins Bridge Road Bonifay, FL 32425

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To perform freight brokering duties.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL QFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Anthony J. Bradshaw 1694 Robbins Bridge Road Bonifay, FL 32425 President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Anthony J. Bradshaw 1694 Robbins Bridge Road Bonifay, FL 32425

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Anthony J. Bradshaw 1694 Robbins Bridge Road Bonifay, FL 32425

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

1-09-03

Date

1-09-03

Date

1-09-03

Date