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TRANSMITTAL LETTER

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TALLAHASSEE FLORIDA

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

SUBJECT: KLP TRANSPORT, TNC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
Enclosed is an original and one(1) copy of the affects of incorporation and a check for .				
□ \$70.00	№ \$78.75	\$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
_	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
ADDITIONAL COPY REQUIRED				
FROM: KATHRYN L. PATTERSON Name (Printed or typed)				
4212 THOMAS WOOD LANE				
WINTER HAVEN, FL 33880 City, State & Zip				
863-412-2155 Daytime 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)

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

KIP TRANSPORT, INC.

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TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4212 THOMAS WOOD LANE

WINTER HAVEN, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRUCKING Co.

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares @ 1.00 par value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

REGISTERED AGENT

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

KATHRYN L. PATTERSON 4212 THOMAS WOOD LANE

WINTER HAVEN, FL 33880

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KATHRYN L. PATTERSON

4212 THOMAS WOOD LANE

WINTER HAVEN, FL 33880

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

11/30/03 Date .