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TRANSMITTAL LETTER

ATX1

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

SUBJECT: D. L. E	nterprises, Inc			
		ATE NAME - MUST INCLU	DE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the articles	s of incorporation and a	check for :	
x \$70.00	\$78 [.] 75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
i ming i cc	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL (COPY REQUIRED	
FROM:	Select Services, Inc and John A. McCole, CPA Name (Printed or typed)			
	Name (Fi	inted or typed)		
Post Office Box 805 Address				
	A	uuress		
	Salisbury, NC 28145-0805	Note 9 7in		
	City, S	State & Zip		
	(704)647-0044	lanhana numbar		
	Davtime Te	lephone number		

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 25, 2004

JOHN A MCCOLE CPA PO BOX 805 SALISBURY, NC 28145-0805

SUBJECT: D.L. ENTERPRISES, INC.

Ref. Number: W0400032225

We have received your document for D.L. ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6931.

Becky McKnight Document Specialist New Filings Section

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

Letter Number: 704A00051911

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:

D.L. Transportation, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

12820 North West 17th Avenue

Miami, FL 33167

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in a delivery service and any lawful act for which a Corporation may be organized.

ARTICLE IV SHARES

The number of shares of stock is:

1,000.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

David Eldrick Lightbourne

12820 North West 17th Avenue

Miami, FL 33167

ARTICLE VI REGISTERED AGENT

The NAME AND FLORIDA STREET ADDRESS of the registered agent is:

David Eldrick Lightbourne

12820 North West 17th Avenue

Miami, FL 33167

ARTICLE VII INCORPORATOR

The NAME AND ADDRESS of the Incorporator is:

Neika Cash Taylor, Incorporator

Post Office Box 805

Salisbury, NC 28145-0805

SECRETARY OF STATE SECRETARY OF STATE OF CERPORATIONS OF STATE OF

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

Signature/Registered Agent

3 - 52 - 0

Date

Signature/Incorporator

Mey 17, 2004