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(Req	uestor's Name)	
(Add	ress)	
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(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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09/09/04--01023--001 **70.00

O4 SEP -9 AMII: 13 SECREDITE FROM

(Daw) 9-9-04

TRANSMITTAL LETTER

ATX1

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

SUBJECT: A. Plus	Trucking, Inc (PROPOSED CORPORA	ATE NAME - MUST INCLUI	DE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the articles	of incorporation and a	check for :	- 7
x \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status COPY REQUIRED	
FROM:	Select Services, Inc. Name (Pri	nted or typed)		
	Post Office Box 805	idress		v‡⊑ t
	Salisbury, NC 28145-0805 City, S	itate & Zip		<u>. A.</u>
	(800) 647-0027 Daytime Tel	ephone 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:

FILED

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ATX

SECRETARY OF STATE LALL AHASSEE, FLORIDA

A. Plus Trucking, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4897 Raleigh Street Apt 5

Orlando, FL 32811

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 under Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is:

1000.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ricky D. Price, President

4897 Raleigh Street Apt 5

Orlando, FL 32811

ARTICLE VI REGISTERED AGENT

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

Ricky D. Price

4897 Raleigh Street Apt 5

Orlando, FL 32811

ARTICLE VII INCORPORATOR

The NAME AND ADDRESS of the Incorporator is:

Neika Cash Taylor, Incorporator

c/o Select Services, Inc. and John A. McCole, CPA

Post Office Box 805, Salisbury, NC 28145-0805

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

Date

Signature/Incorporator

Date