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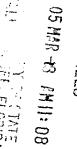
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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## TRANSMITTAL LETTER

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

Enclosed is an origina	al and one(1) copy of the artic	les of incorporation and a c	heck for :	_	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL COR	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:		SOKOLOVSK Printed or typed)	, 4		
SI ISLAND WAY #407 Address  CLEARNATER FL 33767					
CLEARNATER, FL 33767 City, State & Zip					
	S/3 - 925- Daytime 1	-/83/ Telephone number	DA DA	80 :	

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

- ARTICLE 1: THE NAME OF THE CORPORATION SHALL BE LLD EXPRESS, INC.
- ARTICLE II: THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS 51 ISLAND WAY. #407, CLEARWATER, FL 33767.
- ARTICLE III: THE PRUPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS HAULING.
- ARTICLE IV: THE NUMBER OF SHARES OF STOCK IS AUTHORIZED 1,000, INITIALLY ISSUED 100.
- ARTICLE V: THE NAME, ADDRESS AND TITLE OF THE OFFICER AND DIRECTOR IS LEONID SOKOLOVSKY.
- ARTICLE VI: THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS LEONID SOKOLOVSKY, 51 ISLAND WAY, #407, CLEARWATER, FL 33767.
- ARTICLE VII: THE NAME AND ADDRESS OF THE INCORPORATOR IS LEONID SOKOLOVSKY, 51 ISLAND WAY, #407, CLEARWATER, FL 33767.

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

Signature/Registered Agent

Signature/Incorporator

3-14-05

Date

Date

MAR -8 AMII: