P05000142759

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500059710855

(19/20/05-01034--003 **78.75

SECRETARY OF STATE, TALLATING SEEF, FLORIDG. 4.5

MPJZI

TRANSMITTAL LETTER

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

SUBJECT: ON	TIME TRUCKING, INC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti-	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: <u>DA</u>	RRYL A BELL		<u> </u>
	6712 GASPAR CIRCLE EAST A JACKSONVILLE, FLORIDA 32	(Printed or typed) Address 209	•
	904 553-6770	State & Zip	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 21, 2005

DARRYL A BELL 6712 GASPAR CIRCLE EAST JACKSONVILLE, FL 32209

SUBJECT: ON TIME TRUCKING, INC

Ref. Number: W05000043848

We have received your document for ON TIME TRUCKING, INC and your check(s) totaling \$78.75. 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.

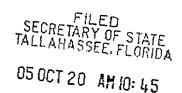
Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6879.

Ruby Dunlap Regulatory Specialist New Filings Section

Letter Number: 505A00057845



ARTICLES OF INCORPORATION

OF

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be:

TTUCKING ON TIME, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6712 GASPAR CIRCLE EAST JACKSONVILLE, FLORIDA 32209

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 SHARES @ A PAR VALUE OF \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BERTHA LEE HOWZE
4519 BRENTWOOD AVENUE
JACKSONVILLE, FLORIDA 32206

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

DARRYL A BELL 6712 GASPAR CIRCLE EAST JACKSONVILLE, FLORIDA 32209

The undersi	gned incorporator(s) I	has(have) executed th	ese Articles of Inco	rporation this
17+	day of	September .		
-	Darry	Signature		
-		Signature		
-		Signature	•	

ARTICLE VI INITIAL OFFICERS/DIRECTORS (optional)

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

DARRYL A BELL, PRESIDENT 6712 GASPAR CIRCLE EAST JACKSONVILLE, FLORIDA 32209

VERONICA STROY, VICE-PRESIDENT 6712 GASPAR CIRCLE EAST JACKSONVILLE, FL ORIDA 32209

CERTIFICATE OF DESIGNATION OF LLAHASSEF, FLORIDA 05 OCT 20 AM 10: 45 REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

	TRUCKING ON TIME, INC.
1.	The name of the corporation is:
	•
2.	The name and address of the registered agent and office is:
	The management of the regions of agont and only on the
	BERTHA LEE HOWZE
	(Name)
	4519 BRENTWOOD AVENUE
	(P.O. Box not acceptable)
	JACKSONVILLE, FLORIDA 32206
	(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Buthe he Away 9/11/05
(Signature)