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COVER LETTER

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

SUBJECT: Cutlip Transport, Inc.		
(PROPOSED CORPORA	ATE NAME - <u>MUST INCL</u>	<u>.UDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the art	icles of incorporation and	da check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Trent L. Cutlip		
	(Printed or typed)	_ _
209 Ronja Lane	Address	
Valrico, FL 33594	State & Zip	
813-689-3108	elephone 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:

Cutlip Transport, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

209 Ronja Lane Valrico, FL 33594

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Title: P

Title: VP

Jerilyn J. Cutlip

Trent L. Cutlip

209 Ronja Lane

209 Ronja Lane

Valrico, FL 33594

Valrico, FL 33594

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Trent L. Cutlip 209 Ronja Lane Valrico, FL 33594

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Trent L. Cutlip 209 Ronja Lane Valrico. FL 33594

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

Signature/Incorporator

1/23/0/

Date

FILED

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PALLAHASSEE, FLORID