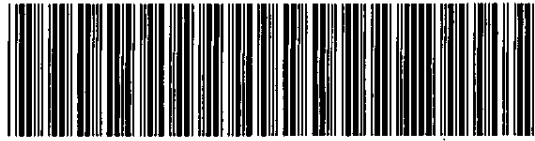


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05/01/08--01012--003 **1.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

2008 MAY - 1 P 1:08

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8-03-08

COVER LETTER

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

SUBJECT: Classic Times Haulers, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Classic Times Haulers Inc.

Paid

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$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

ADDITIONAL COPY REQUIRED

FROM: QUINTON BROWN
Name (Printed or typed)

~~15825~~ 15825 N.W. 274 AVE
Address

OPA Locka FL 33050
City, State & Zip

786-286-1146
Daytime Telephone number

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

7

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:
Classic Times Haulers Inc.

ARTICLE II PRINCIPAL OFFICE

The principle street address and mailing address, if different is:
15825 N.W. 27th Ave.
Opa-locka FL, 33054

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Trucking Long Dist over the Road

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*15825 N.W. 27th Ave.
Opa-locka FL, 33054*

Quinton Brown

ARTICLE VI REGISTERED AGENT

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

*15825 N.W. 27th Ave
Opa Locka FL 33054*

Quinton Brown
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Quinton Brown
15825 N.W. 27th Ave.
Opa-Locka FL, 33054*

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]

Signature/Registered Agent

4/28/08

Date

[Signature]

Signature/Incorporator

4/28/08

Date

FILED
2008 MAY -1 P 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA