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COVER LETTER

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

SUBJECT: Duval T	ransportation, Inc. (PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	.upe suffix)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	Name	ma Johnson (Printed or typed) Homer Road	
		Address ville, FL 32209 , State & Zip	
	(904) 768-2307 Daytime Telephone 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:

Duval Transportation, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4359 Homer Road Jacksonville, FL 32209

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide transportation services

ARTICLE IV SHARES

The number of shares of stock is: 110 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Theima Johnson, President Barbara Darville, Vice President Margaret Pinkney, Secretary/Treasurer

ARTICLE VI REGISTERED AGENT

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

Thelma Johnson 4359 Homer Road Jacksonville, FL 32209

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Signature/Incorporator

Thelma Johnson 4359 Homer Road Jacksonville, FL 32209

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

August 27, 2008

Signature/Registered Agent) Date

August 27, 2008

Date