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(Requestor's Name)

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(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



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2009 APR 15 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

**COVER LETTER**

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

**SUBJECT:** Green Fleet Transportation, Inc.  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

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: Louis A. Minardi  
Name (Printed or typed)

4413 N. Hesperides Street  
Address

Tampa, Florida, 33614  
City, State & Zip

813-917-7946  
Daytime Telephone number

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Green Fleet Transportation, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

Street: 4413 N. Hesperides Street, Tampa, Florida, 33614  
Mailing: P.O. Box 1748, Tampa, Florida, 33601-1748

**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:

100 (One Hundred)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

President - Louis A. Minardi, 4413 N. Hesperides Street, Tampa, Florida, 33614  
Vice-President - Glenn A. Minardi, 4413 N. Hesperides Street, Tampa, Florida, 33614

**ARTICLE VI REGISTERED AGENT**

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

Glenn A. Minardi  
4413 N. Hesperides Street  
Tampa, Florida 33614

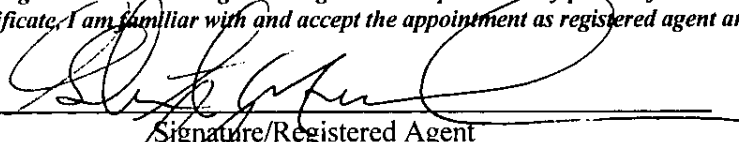
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

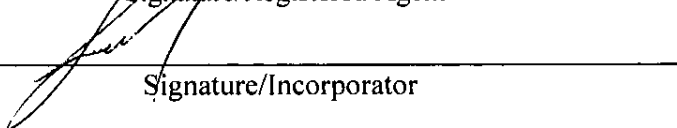
Louis A. Minardi  
4413 N. Hesperides Street  
Tampa, Florida 33614

\*\*\*\*\*

*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

4/10/09  
Date

  
\_\_\_\_\_  
Signature/Incorporator

4/10/09  
Date

2009 APR 15 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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