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SECRETARY OF STA

ALL AHASSEF, FLOR

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COVER LETTER

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

SUBJECT:	EW SOUTH TRANSFORTS (PROPOSED CORPORA	HON INC.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:	
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate o Status	
		ADDITIONAL COPY REQUIRED		
,	04 DRION CALEDE	e (Printed or typed) Address		
<u> , , , </u>	UARRE F1 32566	State & Zip		
<u>150</u>	730 3 %04 Daytime T	elephone number		
<u> </u>	g Cam Taucking O E-mail address: (to be use	Uniteo , Com d'ior future annual report i	notification)	

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

	LES OF INCORPORAT ance with Chapter 607 and/or		ofit)	
ARTICL The name	E I NAME of the corporation shall be:	IEW SOUTH	TRANSPORTATION	inc
The princi	E II PRINCIPAL OFFI pal street address and mailing a	address, if different is:	5862 CONSRE AUIF BRUEZE-FI	^{(SS} 57 ⁽ 32563
ARTICL The purpo	E III PURPOSE ose for which the corporation is	s organized is: TRAN	sportation Goods	
<u>ARTICL</u>	E IV SHARES er of shares of stock is: 100			ARY OF
List name	E V INITIAL OFFICER (s), address(es) and specific tit UCE SEFFERSON 586	le(s):		FLORIDA FLORIDA FLORIDA
	N CAMPBELL 2024	DRION PAKE DE N		
	and Florida street address (P	-		
ARTICL	E VII INCORPORATOR and address of the Incorporator	<u>2</u>	NAVARRE F1 32560	<i>4</i>
STEPA	NEW CAMPBELL 272	4 Oxion Inlec	DE NAVARAT FI	32566
Having be place desig	**************************************	to accept service of p	process for the above state	ed corporation at the
Slep	Signature/Registered Age	t	6-17.	- 09ate
	Signature/Registered Age	nı	Di	ate

Signature/Incorporator

6-17-09 Date