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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (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: | | | | |
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Office Use Only



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on 4/4/11

COVER LETTER

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

Domestication and Name Change - Fulmer Expedited, Inc. **SUBJECT:** Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for: **FEES:** Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total to domesticate and file \$128.75 **OPTIONAL:** Certificate of Status \$ 8.75 S. Marlene Fulmer Name (printed or typed) 4151 S. Atlantic Avenue #101 Address New Smyrna Beach, FL 32169 City, State & Zip (386) 428-5761 Daytime Telephone Number

MarleneFulmer@FulmerGlobal.com
E-mail address: (to be used for future annual report notification)

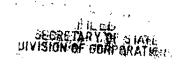
CERTIFICATE OF DOMESTICATION

| | C | <u> </u> | | DIVISION - 2011 APR - | |
|------|--|---|-----------------------------|--------------------------|--|
| | - | 1. Marler Fulme (Authorized Signature) | lv | | |
| so | this the 31st day | 7 3 | | | |
| and | l am authorized to | sign this Certificate of Domestication on | behalf of the corporation | and have done | |
| I a | m President | , of Expedited Transport, Inc. | | | |
| 6. | Attached are Flori to s. 607.1801. | da articles of incorporation to complete t | he domestication require | nents pursuant | |
| 5. | The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Texas | | | | |
| | s. 607.0202 and 66 | 07.0401 with this certificate is Fulmer E | Expedited, Inc. | | |
| 4. | The name of the c | orporation, as set forth in its articles of in | ncorporation, to be filed p | ursuant to | |
| | was Expedited T | ransport, Inc. | | | |
| 3. | The name of the c | orporation immediately prior to the filing | g of this Certificate of Do | mestication | |
| 2. | The jurisdiction we came into being v | here the above named corporation was fivas Texas | irst formed, incorporated, | or otherwise | |
| 1. | The date on which | corporation was first formed was | March 28 | , <u>2006</u> . | |
| in : | accordance with s. | (Corporation Name) 607.1801, Florida Statutes, does hereby o | certify: | | |
| of | | Expedited Transport, Inc. | a foreign | corporation, | |
| | _ | (Name) | (Title) | . | |
| Ιh | e undersigned, | S. Mariene Fulmer, | President | President , | |

ARTICLES OF INCORPORATION

Fulmer Expedited, Inc.

IN COMPLIANCE WITH CHAPTER 607, F.S.



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ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: 4151 S. Atlantic Avenue #101, New Smyrna Beach, FL 32169

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: Any and all lawful business.

<u>ARTICLE IV</u> SHARES

THE NUMBER OF SHARES OF STOCK IS: 1,000 shares of Common Stock.

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

S. Marlene Fulmer - 1432 Belle Vista Drive, Orlando, FL 32809 - Director and President Cassandra F. Everett - 4151 S. Atlantic Avenue #101, New Smyrna Beach, FL 32169 - Director and Secretary/Treasurer

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE <u>NAME AND FLORIDA STREET ADDRESS</u> (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: S. Marlene Fulmer - 1432 Belle Vista Drive, Orlando, FL 32809

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

S. Marlene Fulmer - 1432 Belle Vista Drive, Orlando, FL 32809

HAVING BEEN NAMED AS REGISTERED AGENT AND 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

Date

Signature/Incorporator

03/31/2011

Date