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COVER LETTER

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

| SUBJECT: FDOTSAFE Inc. | |
|---|--|
| (PROPOSED CORPORATE) | NAME – MUST INCLUDE SUFFIX) |
| Enclosed are an original and one (1) copy of the articles | of incorporation and a check for: |
| Filing Fee Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED |
| L. | |
| | |
| FROM: Kevin Drummond | |
| Name (Pri | inted or typed) |
| 511 NW 39th Circle | |
| Addr | ress |
| Boca Raton, FL, 33431 City, State | e & Zip |
| 863-234-3480 Daytime Telep | hone number |
| fdotsafe@gmail.com E-mail address: (to be used for | r future annual report notification) |

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)

| 511 NW 3 Boca Rat PURPOS e purpose for which the coonsult for Commerce RTICLE IV SHARE e number of shares of stock | orporation is organized is: cial Vehicle Carriers | | ess, if different is: |
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| | . OFFICERS AND/OR DIRE Drummond | Name and Title: | |
| Address: 511 N | VW 39th Circle | Address: | |
| | Raton, FL, 33431 | | |
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| Name and Title: | | Name and Title: | |
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| Name and Title: | | Name and Title: | |
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| | TERED AGENT | | - |
| | t address (P.O. Box NOT acceprin Drummond | - | 2 1 |
| · | un Drummond 1 NW 39th Circle | | 20 |
| | ca Raton, FL, 33431 | | |
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| | <u>PORATOR</u> | | B Falce |
| e <u>name and address</u> of the Name: Key | • | | က္ ့ <u>ုံ</u> ရှိ |
| | vin Drummond | | 4 7 7 1 |
| | NW 39th Circle ca Raton,FL 33431 | | ယ 🛣 |
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| | | f process for the above stated corpora | |
| s certificate, I am familiat | with and accept the appointmen | nt as registered agent and agree to act i | n this capacity |
| 1/ | <u> </u> | | フルフルコ |
| | | | 3/12/12 |
| e/ R | equired Signature/Registered Ag | | t 19ate |
| ubmit this document and | affirm that the facts stated he | rein are true. I am aware that the fal | se information submitted . |
| cument to the Depar <mark>t</mark> ment | of State constitutes a third degr | rein are true. I am aware that the ful ee felony as provided for in s.817.155, | F.S. |