

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SE

Account Number: 075350000353

Phone Fax Number : (800)221-2972 : (888)692-9256

**Enter the email address for this business entity to be used for Extre on annual report mailings. Enter only one email address please.*

Email Address:___

FLORIDA PROFIT/NON PROFIT CORPORATION LTL Express Lines, Inc.

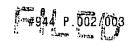
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Corporate Filing Menu

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07/15/2013 15:07



13 JUL 15 PM 1:09

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE FALLAHASSEE FLORIDA

TICLE II PR	INCIPAL OFFICE	
210224 11	Principal street address	Mailing address, if different is:
00 ROBER	RTS RANCH ROAD	P.O. BOX 820498
ANT CITY	, FL 33566	PEMBROKE PINES, FL 330
	RPOSE the corporation is organized is: all purposes for which a cor	
rici e iv su	APES 000	
TICLE IV SH number of shares o	ARES f stock is: 200	
TTCLE IV SH number of shares o	ARES 100 f stock is:	
TICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR:	
TICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR: le: ALEXANDER VALENTE	Name and Title:
TICLE V IN	TIAL OFFICERS AND/OR DIRECTOR	Name and Title:
Name and Tit	ITIAL OFFICERS AND/OR DIRECTOR: le: ALEXANDER VALENTE	Name and Title:
Name and Tit	TIAL OFFICERS AND/OR DIRECTOR Ie: ALEXANDER VALENTE 2400 ROBERTS RANCH ROAD	Name and Title:
Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR Ic: ALEXANDER VALENTE 2400 ROBERTS RANCH ROAD PLANT CITY, FL 33566	Name and Title:
Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR Le: ALEXANDER VALENTE 2400 ROBERTS RANCH ROAD PLANT CITY, FL 33566	Name and Title:
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Name and Tit Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR Le: ALEXANDER VALENTE 2400 ROBERTS RANCH ROAD PLANT CITY, FL 33566	Name and Title: Address: Name and Title: Address:

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#944 PE 003/003

13 JUL 15 PM 1:09 SECRETARY OF STATE FALLAHASSEE FLORIDA

			MINSSEE FL
Name ar	nd Title:	Name and Title:	
Addres	s	Address:	
	•		
			
		•	
ARTICLE VI	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	ALEXANDER VALENTE	_	
Address:	2400 ROBERTS RANCH ROAD)	
	PLANT CITY, FL 33566	-	
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	ALEXANDER VALENTE	_	
Address:	2400 ROBERTS RANCH ROAD)	
,	PLANT CITY, FL 33566	-	
	med as registered agent to accept service of process am familiar with and accept the appointment as reg		designated in
	Required Signature/Registered Agent	/ Date	ē ⁻
	cument and affirm that the facts stated herein are Department of State constitutes a first degree felon		ubmitted in a
	Required Signardre/Incorporator	7/1	'S //3
	· Required Signature incorporator	/ 58	IIC