P96000021604 TRANSMITTAL LETTER

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

800001798079 -03/11/96--01003--011 ****122.50 ****122.50

Enclosed is an origination: \$70.00 Filing Fee	al and one (1) co \$78.75 Filing Fee & Certificate	\$122,50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate	and a check	
FROM:	11101111+5 Name (C WAREKS		I	
	6750 D. JACKSON	Address	32217	SECTION TALLED	r <u>1</u>
	City. 	State & Zip 744 8576 Felephone number	00017	-8 FH 4: 38	

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

The name of the corporation shall be: (Sur Vulcan Trucking Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 6752 DIANIE Pol INCRSONVILLE FL 33377
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE SHARE VILVE TELLO
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS THOMAS C. WATONS 6751 SIANE DO JACKSON UILLE FL 30000

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

THOMAS C NATERS 6950 DIAME Rd -I-DEKSONVILLE FL 39011

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

·	The state of the s
S day of	12 , 19 96 .
<u>Abhau</u>	INL BOTTLES
	Signature
-	Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

CSAI Villaine TRIPKING INC	
(must include suffix)	
2. The name and address of the registered agent and office is:	· <u>;</u>
THOMAS C WATERS	, k
6752 DIANE Rd.	
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	
THEKSONUILLE FL 30097 (CITY/STATE/ZIP)	

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE)

8 MAR SC
(DATE)