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TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FLORIDA 32314

000001848400
-05/29/96--01140--019
***122.50 ***122.50

SUBJECT: L S AUTO TRANSPORT INC.
(PROPOSED CORPORATE NAME)

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF
INCORPORATION AND OUR CHECK FOR \$122.50.

FROM: JONATHAN YOUNG
NAME (PRINTED OR TYPED)

RT 1 BOX 117
ADDRESS

SAN MATEO, FLORIDA 32187
CITY, STATE, & ZIP

(904) 325-8963
TELEPHONE NUMBER

FILED
96 MAY 28 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL JUN - 3 1996

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS IS TWO (2), AND THE NAMES OF THE PERSONS WHO SHALL SERVE AS DIRECTORS ARE: JONATHAN YOUNG
LINDA YOUNG

ARTICLE VII

THE DATE AND TIME OF THE COMMENCEMENT OF THE CORPORATE EXISTENCE SHALL BE THE DAY OF THE FILING OF THESE ARTICLES OF INCORPORATION WITH THE SECRETARY OF STATE OF THE STATE OF FLORIDA.

ARTICLE VIII

THE OFFICERS OF THIS CORPORATION SHALL CONSIST OF A PRESIDENT, SECRETARY, AND TREASURER, EACH OF WHOM SHALL BE APPOINTED BY THE BOARD OF DIRECTORS. SUCH OTHER OFFICERS AND ASSISTANTS AND AGENTS AS MAY BE DEEMED NECESSARY MAY BE ELECTED OR APPOINTED BY THE BOARD OF DIRECTORS FROM TIME TO TIME.

ARTICLE IX

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) OF THESE ARTICLES OF INCORPORATION IS: JONATHAN YOUNG

RT 1 BOX 117
SAN MATEO, FLORIDA 32187

LINDA YOUNG
RT 1 BOX 117
SAN MATEO, FLORIDA 32187

THE UNDERSIGNED INCORPORATOR(S) HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 21ST DAY OF MAY 1996.

X 
SIGNATURE

X 
SIGNATURE

FILED

96 MAY 28 PM 2:01

SECRET
TALLAHASSEE, FLORIDA

REGISTERED AGENT'S ACCEPTANCE:

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS APPLICATION, 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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Brenda Williams
NAME:

6683 CRILL AVENUE
ADDRESS

PALATKA, FLORIDA 32177
CITY, STATE, ZIP