# P96000066413 TRANSMITTAL LETTERREGENTED

96 AUG -9 AH II: 07 DIVISION OF CORPORATION

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

Enclo	sed is an origina	al and one (1) co	py of the articles o	I incorporation	and a c	check	<b>:</b>
for:	\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy  Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required	::-(	99 <del>2-</del>	445723
	FROM:	- 3641 Tackson City	, State & Zip		LAHASSEE FLORIDA	96 AUG -9 AN II: 22	Same and the same
			elephone number	<del></del>			

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

#### ARTICLES OF INCORPORATION

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

> **ARTICLE I** NAME

The name of the corporation shall be:

ORIGINAL TRUCKING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3641 DUUN ALE Tacksonville Pl. 37218

> ARTICLE III **SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LEON Will 3641 DUNN AUE Jacksonville DI 32218

#### 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):

Lion Hill - Presdi Pris 3641 Dann Aui Jacksonville (1 3)211

The unde	ersigned incorporator(s) has(have) executed these Articles of Incorporation this
914	day of Nugust, 19 96.
(An addit	ional article must be added if an effective date is requested.)
	Signature
	Signature
	Signature
	Signature

### Notarization is not required

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 607.0501, 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.

1. The name of the cor	poration is:	ORIGINA	IL TRUCKIA	oly TNC.
2. The name and addr	ess of the registere	ed agent and office is:		- 11 S 11
		WAME)	<del></del>	ASSEE TO
_	(P.O. Box or	Mail Drop Box NOT ACC	EPTABLE)	22 ORIDA
	Juckson	(CITY/STATE/ZIP)	<u> </u>	
Having been named of corporation at the place agent and agree to act relating to the proper a obligations of my posit	e designated in thi in this capacity. I nd complete perfor	is certificate, I hereby I further agree to con rmance of my duties, (	accept the appoints	ment as registered
	(SIGNATURE)	<del></del>	g August (DATE)	1996