

TRANSMITTAL LETTER

Department of State
Division of Corporation
P.O. Box 6027
Tallahassee, FL 32314

SUBJECT: R.A.P. TRANSPORTATION CONSULTANTS INC.

(Proposed corporate name - must include suffix)

300002017593--8
-12/03/96--01051--016
****122.50 ****122.50

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

R.A.P. TRANSPORTATION CONSULTANTS INC.
Name (printed or typed)

PO Box 915
Address

Stuart FL 34995
City, State & Zip

(561) 689-5788
Daytime Telephone number

96 DEC -2 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

ARTICLE I NAME

The name of the corporation shall be:

R.A.P. Transportation Consultants Inc.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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ARTICLE II PRINCIPAL OFFICE

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

*PO Box 915
Stuart, FL 34995*

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: *10,000.*

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Bob Parkinson
901 Martin Downs Blvd.
Suite 300
Palm City, FL 34990*

ARTICLE V INCORPORATOR(S)

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

Bob Parkinson
901 Martin Downs Blvd.
Suite 300
Palm City, FL 34990

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

19 day of Nov, 19 96.

X Bob Parkinson
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 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.

1. The name of the corporation is: R.A.P. Transportation
Consultants, Inc.

2. The name and address of the registered agent and office is:

Bob Parkinson
(Name)
901 Martin Down Blvd. Suite 800
(P.O. Box not acceptable)
Palm City, FL 34990
(City/State/Zip)

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TALLAHASSEE
SEAL OF STATE
OFFICE OF
FLORIDA

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.

X Bob Parkinson
(Signature)

11-19-96
(Date)