

CAPITAL CONNECTION INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

NAME _____

FIRM _____

ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Celadon Group
(Florida), Inc.

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> () Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone () _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () _____ pgs.		

SUBTOTALS

FEE.....	
DISBURSED.....	
SURCHARGE.....	
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY DAP _____

WALK-IN Will Pick Up 1/31/11

**ARTICLES OF INCORPORATION
OF
CELADON GROUP (FLORIDA), INC**

FILED
97 JAN 31 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a corporation under the laws of the State of Florida under the corporation name of **CELADON GROUP (FLORIDA), INC**, does hereby set forth and declare:

ARTICLE I

The name of the corporation shall be **CELADON GROUP (FLORIDA), INC**.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The authorized capital stock which the corporation may issued shall be **ONE THOUSAND (1000)** shares of \$1.00 per value common stock, which shall be nonassessable and held, sold, and paid for at such time and in such manner as the Board of Directors may from to time determine.

ARTICLE IV

The corporation shall commence business on filing with the Secretary of State.

ARTICLE V

The corporation shall have perpetual existence, except that the same may be dissolved, as provided by law.

ARTICLE VI

The principal place for the transaction of its business shall be at 8695 College Parkway, Suite 360, Fort Myers, County of Lee, State of Florida 33919. That said corporation shall have the right and authority to do business at such other place or places within or without the State of Florida as the corporation may, by resolution, designate.

ARTICLE VII

The name and address of the initial registered agent is:

Thomas Helfrich
5438 Ashton Circle
Fort Myers, FL 33907

ARTICLE VI

The name and street address of the incorporators to these Articles of Incorporation are:

<u>Name</u>	<u>Address</u>
Norbert Witten	5208 SW 9th Place Cape Coral, FL 33914
Thomas Helfrich	5438 Ashton Circle Fort Myers, FL 33907

The undersigned incorporators have executed these Articles of Incorporation this 29th day of January, 1997.

Norbert Witten
Norbert Witten

Thomas Helfrich
Thomas Helfrich

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED**

FILED
97 JAN 31 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In pursuance to Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

CELADON GROUP (FLORIDA), INC, with its principal office, as indicated in the Articles of Incorporation, at 8695 College Parkway, Suite 360, Fort Myers, County of Lee, State of Florida 33919, has named Thomas Helfrich, located at 5438 Ashton Circle, Fort Myers, County of Lee, State of Florida, 33907, as its agent to accept service of process within this State.

**ACKNOWLEDGMENT:
(MUST BE SIGNED BY DESIGNATED AGENT)**

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By: 
THOMAS HELFRICH
Registered Agent