# 910 THANSMITTALLITER 0298

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

SUBJECT: KNIGHT BIDERS EXPRESS TRUCKING INC.
(Proposed corporate name - must include suffix)

800002234608--6 -07/10/97--01018--006 \*\*\*\*131.25

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

\$131.25 Filing Fee,

& Certified Copy Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Sheila B. WAtson
Name (Printed or typed)

656 SW 131 TERRACE.

DAVIE FL 33325 City, State & Zip

954 - 845 - 4693 Daytime Telephone number

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

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### ARTICLES OF INCORPORATION

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

SECRUTARY OF STATE TALLAHASSEE, FLORIDA

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The name of the corporation shall be:

Knight RIDERS Express Trucking, INC.

# ARTICLE II PRINCIPAL OFFICE

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

656 SW131 TEXRACE DAVIE FL 33325

## ARTICLE III SHARES

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

500

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Shella R WATSON 656 SW 131 TEAR DAVIE FL 33325

# ARTICLE V INCORPORATOR

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

Sheila R. WATSON 6565W 131 TERRACE DAVIE FL 33325

Signature/Incorporator

Z / Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date