# PONNINA STER 73/

97 SEP -9 MM 11: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT:	M Ano	A TRAN	SPORTATION SYS	ZEMS lac.			
			orate name - must include suffi		<del>-</del>		
			30	000022884 -09/09/9701	423O		
				-09/09/970: ****131.25	1058003   ****131_25		
Enclosed is an	original and or	ne(1) copy of the artic	eles of incorporation and a c				
	<b>0</b>			/	1		
\$70		<b>\$78.75</b>	□\$122.50	\$131.25			
Filing !	Fee	Filing Fee	Filing Fee	Filing Fee,			
		& Certificate	& Certified Copy	Certified Copy & Certificate			
			ADDITIONAL CO	PY REQUIRED			
FROM	Mic	HAEL F	RAWLING S				
Name (Printed or typed)							
1162 E DONCGAN ANC							
		Aut	11022				
K. 5514420 FG. 34744 City, State & Zip							
City, State & Zip							
			32-0061				
		Daytime Tele	phone number				

P. Hall | SEP 1 1 1997

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

#### ARTICLES OF INCORPORATION

FILED

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

ARTICLE I NAME

The name of the corporation shall be:

M AD A TRANSBATATION SYSTEMS INC.

ARTICLE II PRINCIPAL OFFICE

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

11626 DONGGAN AVE. KISIMMER PC. 34744

ARTICLE III SHARES

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

76 N

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MICHAEL RAWLINS

221 DAWN 67

Kissimmir Fl 34743

#### 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):

MICHAEL RAWLINS

221 DAGN CP

MISSIMM FL. 34743

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
8 day of
, and the second se
(An additional article must be added if an effective date is requested.)

Signature

Signature

### Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

FILED

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE SEP -9 MM 11: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 corporation is MANDA TLANSBARMON Systems (n.C.	-
2.	The name and address of the registered agent and office is:  MICHAEL ALLE (NAME)	-
	221 DAGN E7.  (P. O. Box or Mail Drop Box NOT ACCEPTABLE)  KISMULL EL. 34743  (CITY/STATE/ZIP)	

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 Abuchael Colontins 7/8/97
(SIGNATURE) (DATE)