

DIVISION OF CORPORATIONS (850) 922-4001

FAX #:

FROM: AL CLARK

ACCT#:

072100000173

CLARK

CONTACT: AL

PHONE: (813)393-1766

FAX #:

(813)528-7222

OF PINELLAS JOSC. NAME: L.A. TRUCKING

AUDIT NUMBER..... H97000018912

DOC TYPE......FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...0

PAGES....

CERT. COPIES.....0

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 13, 1997

AL CLARK

SUBJECT: L.A. TRUCKING INC.

REF: W97000025699

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6067.

Neysa Culligan Document Specialist FAX Aud. #: H97000018912 Letter Number: 697A00054640

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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 L.A. TRUCKING OF PINELLAS TAC

ARTICLE II PRINCIPAL OFFICE

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

7503 14TH AVENUE N.

ST. PETERSBURG FL. 33710

ARTICLE III SHARES

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

1000 SHARES NO PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: prepared by:

Name PAULA LANGE Address: 7503 14TH.AVE. N ST. PETERSBURG,FL.33710 PHONE 8/3-343-645/ Accounting & Tax Help, INC. 8668 PARK BLVD Suite .A SEMINOLE Florida 33733

H970000 18917-0

H970000 18917-0

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):

PAULA LANGE 7503 14TH. AVE. N. ST PETERSBURG FL 33710

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this
13 day of NOU EmBER 1997.
(An additional article must be added if an effective date is requested.)
X Paula Van 5 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.

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H970000 18917-0

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	ofthe	corporation is:	T A	TRICERIO
1.	The Hathe (n me	COLDUCATION IS:	LΑ	IKUUKINU

OF

PINETAS INC

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

Accounting & Tax Help, INC. (Name)

8668PARK BLVD., Suite A (P.O. Box not acceptable)

SEMINOLE, Florida 33777 (City/State/Zip) DIVISION TO CORPORATION

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) Pulled

11-13-97

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

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