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TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN -5 AM 10:39

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

500002389475--6
-01/05/98--01060--008
*****70.00 *****70.00

SUBJECT: Sarasota Logistics Inc.
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 70.

FROM:

LES GARDI, CPA
Name (print name) 7061 S. TAMiami TRAIL
SARASOTA, FL. 34231-5559
Address (941) 925-2099
City, State, & Zip
()
Telephone Number

LES GARDI, CPA
7061 S. TAMiami TRAIL
SARASOTA, FL. 34231-5559
(941) 925-2099
JAN 2 1998

Note: Please provide the original and one copy of the Articles.

D. BROWN JAN - 8 1998

ARTICLES OF INCORPORATION

OF

Sarasota Logistics Inc.

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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:

Sarasota Logistics Inc.

ARTICLE II PRINCIPAL OFFICE

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

7071 Wild Horse Circle Sarasota FL
34241

ARTICLE III CAPITAL STOCK

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

1000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**LES GARDI, CPA
7061 S. TAMiami TRAIL
SARASOTA, FL. 34231-5559
(941) 925-2099**

ARTICLE V INCORPORATOR(S)

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

Stephen F. Jacob
7071 Wild Horse Cir
Sarasota FL
34241

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

1st day of January, 19 98.


Signature

Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: Sarasota Logistics Inc

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

Ler Gardi CPA

(NAME)

7061 S Tamiami Trail

(P.O. BOX NOT ACCEPTABLE)

Sarasota FL 34231

(CITY/STATE/ZIP)

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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

L Gardi

DATE

1/01/98

REGISTERED AGENT FILING FEE: \$35.00