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Department of State Division of Corporations

6 50.

P. O. Box 6327 Tallahassee, FL 32314		90	0002393729 -01/08/9801045002 ****122.50 ****122.5
SUBJECT:	M TRUCKS + O	PORT UTILITIES rporate name - must include	Suffix)
		v	
Enclosed is an original an	nd one(1) copy of the articles	of incorporation and a c	heck for :
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate	■\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	JM TRUCKS +	Space UT.L.T inted or typed)	ies Tu c.
960 South Ow Dixie Hickory UNIT C			
Jup. 762 /2 33458 City, State & Zip			
Daytime Telephone number TALLED TALLED TALLED TALLED TALLED			
		F. CHESSER JAN 9	N-8 PH 1: 25 LTARY OF STATE HASSEE, FLORIDA 1998

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

IM TRUCKS + SpONE GEILITIES INC.

ARTICLE II PRINCIPAL OFFICE

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

960 South OND DIRIE HELDING UNIT C Jupiter FL 33458 ARTICLE III SHARES

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

100 SHALES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MAKTIN V DELISI'

436, NORTHLAND BOOKENAD

PACTOR BEACK GARDENS FR 33410

INCORPORATOR

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

JAMES M COX 12448 175Th ROAD NORTH Typ. Tec 12 33478 Signature/Incorporator

(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