SECRETARY OF STATE DIVISION OF CORPORATIONS

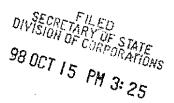
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Department of State

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		
SUBJECT: Reed'S TRANSPORT	ATION THO	le suffix)
		100002664 -10/15/98 ******78.7S
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :		
S70.00 S78.75 Filing Fee Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
	ADDITIONAL CO	PY REQUIRED
FROM: JASON DANIEL Reed Name (Printed or typed)		
1882 SW Inlander Ave Address		
Ret St Lucie, FL 34953 City, State & Zip		
561 - 785-10395 Daytime Telephone number		

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:

Reed'S TRANSPORTATION INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1882 SW Inlander Ave, Port Stlucie, FL 34953

ARTICLE III SHARES

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

1,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jason Daniel Reed 1982 SW Inlander Aue, Pert Saint Lucie, FL 34953

ARTICLE V INCORPORATOR

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

Jason Daniel Reed 1882 Sw Inlander Ave, Port Saint Lucie, FL 34953

Signature/Incorporator 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