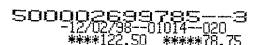
# (SAMPLE LETTER OF TRANSMITTAL)

### DATE

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



Re:	Мс	Lo	м	Trucking		. Inc
				(Name of	Corporation)	 •

#### Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

SECRETARY OF TALLAHASSEE, FLORIDA

W. Scott Pacetti (Individual's Name) ORIDA

(Individual's Name) ORIDA

MC LO ME Trucking
(Name of Corporation)

MAILING ADDRESS OF CORPORATION

136 Malaga Street

St. Augustine, F1 32084

PHONE

(904) 824-8147
Area Code Number Ext.

8mp/1/94

## ARTICLES OF INCORPORATION

of

MC LO ME Trucking, Inc	e	
	orporation)	<del>- , </del>
The undersigned acting as the incorporators of a corporation for such corporation:	on under the Florida Business (	7.30 (2. **
ARTICLE I - CO.  The name of the corporation is:	RPORATE NAME	EC-2 PH 3:02
•	Tne	£05.00
MC LO ME Trucking	, Inc.	DIT.
ARTICLE II	- DURATION	<b>~</b>
This corporation shall exist perpetually unless dissolved a	ecording to Florida law.	
ARTICLE II.	I - PURPOSE	
The corporation is organized for the purpose of engaging in United States and the State of Florida.	in any activities or business pe	rmitted under the laws of the
ARTICLE IV - 0  The corporation is authorized to issue500shares	CAPITAL STOCK of common stock, par value \$	1.00 per share.
ARTICLE V - INITIA  The street address of the initial principal office and, if diff	L PRINCIPAL OFFICE ferent, the mailing address is:	
STREET ADDRESS		-
136 Malaga Street		· .
CITY St. Augustine	FLORIDA	ZIP 32084
Mailing address, if different		
STREET ADDRESS		
		•
CITY	FLORIDA	ZIP
ARTICLE VI - INITIAL REGI	STERED OFFICE AND AG	GENT
The street address of the initial registered office and	the name of the initial regis	stered agent at the office is.
NAME W. Scott Pacetti		
ADDRESS 136 Malaga Street		•
CITY St. augustine	FLORIDA	ZIP 32084

## ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have	Two	_(2_	) directors initially. The number of directors may be
either increased or diminished from t	ime to time by the	e By-Laws,	but shall never be less than one (1). The names and
addresses of the initial director(s) of t	the corporation are	e as follows	s:

Ronald Vail		
6349 Salado Road		
St. Augustine	STATE <sub>Florida</sub>	ZIP 32084
Nancy Vail		
6349 Salado Road		
St. Augustine	STATE Florida	ZIP 32084
	STATE	ZIP
	6349 Salado Road St. Augustine Nancy Vail 6349 Salado Road	Ronald Vail  6349 Salado Road  St. Augustine  Nancy Vail  6349 Salado Road  St. Augustine  STATE Florida  STATE Florida

## ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Ronald Vail		
ADDRESS	6349 Salado Road		
CITY	St. Augustine	STATE Florida	ZIP 32984
NAME	Nancy Vail		
ADDRESS	6349 Salado Road		-
CITY	St. Augustine	STATE Florida	ZIP 32084
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersig	ned incorporator(s) have exe	ecuted these Articles of Incorporation this <u>26th</u>
lay of	October	, 19 <u>98</u>
		(Signature)
		(Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

A COLUMN TO THE
ANSSEE O
MC LO ME Trucking, Inc.
(name of corporation)
$\mathcal{V}$
·
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation
at 136 Malaga Street
St. Augustine, FL. 32084
has named W. Scott Pacetti
located at the aforesaid address, as its registered agent to accept service of process within this
state.
·
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 regis-
tered 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.
, _ M / /
W Sat Wall 10-28-98
(Signature) (Date)