(SAMPLE LETTER OF TRANSMITTAL)

DATE

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

700002711717---8 Tallahassee, FL 32314 lease 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 Registered Agent Designation for the above named corporation. Very truly yours. Dervice Corp. **MAILING ADDRESS OF CORPORATION PHONE**

ARTI	CLES OF INCOR.	PORATION		
t	of	•		
ADYS TRUCKING	SERVICE (LORPORATIO	N	_
TIPS TROCKING	(name of corporati	ion)		
The undersigned acting as the incorporator	s of a corporation unde	r the Florida Business Cor	poration Act, a	adopt(s)
the following articles of incorporation for such c	orporation:			-
				•
A	RTICLE I - CORPORA	TE NAME	SEC 186	
The name of the corporation is:	_	2		
ADYS TRUCKING	SERVICE	CORPORATIO	OM F	
				<u> </u>
	ARTICLE II - DURA	ATION	ြင္သ	
* This corporation shall exist perpetually unl				-
This corporation shall exist perpetually uni	icss dissolved according	5 10 1 101104 15***		- <u>1</u> - <u>1</u> - <u>1</u> -
	ADDICE HE DIN	DACE		
	ARTICLE III - PUR		stad on dan tha	lower of the
The corporation is organized for the purpo United States and the State of Florida.	se of engaging in any a	ctivities or business perm	tied under the	laws of the
United States and the State of Florida.				•
	ARTICLE IV - CAPITA	L.STOCK		
The corporation is authorized to issue			1,00	per share.
The corporation is authorized to issue	Shares of com	mon stock, par value \$\pi\$		- P
A DOWN	CLEV WETH DOWN	CIDAT OFFICE		
The street address of the initial principal of	CLE V - INITIAL PRIN office and, if different, t			
		-		
STREET ADDRESS				
11850 SW 19 LAN	E # 18Z		*	
CITY WIAMI	FI	ORIDA	ZIP 3	3175
Mailing address, if different			<u></u> .	
STREET ADDRESS				
Same_			···	
CITY	FI	ORIDA	ZIP	
ARTICLE VI - I	INITIAL REGISTERE	ED OFFICE AND AGEN	T	
The street address of the initial registe				ne office is:
1 1			-	
	ONZALES	107		-
11000 000 11		182 LORIDA	ZIP 3 =	2175
CITY K A L A A A L	1.			11/7

ARTICLE VII - INITIAL BOARD OF DIRECTORS

- Tab. c	VII - INITIAL BUARD OF DIRECTORS	
This corporation shall have	e by the By-Laws, but shall never be less that	e number of directors may be none (1). The names and
ddresses of the initial director(s) of the corpora	ation are as follows:	
NAME CARLOS M. G	ONZALEZ	
ADDRESS 11850 Sul 19	LANE # 182	
CITY MIAMI	STATE FL	ZIP 33 175
NAME		
ADDRESS		· - ·
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
Al	RTICLE VIII - INCORPORATORS	
The names and addresses of the incorporators s		follows:
C 11 C	ONZALEZ	
ADDRESS 1/850 Si.) 1	9 LANE #182	
1030 390 1	STATE FI	ZIP 33175
NAME NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		-
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed the second control of the second control o	outed these Articles of Incorporation this	12th
day of <u>December</u>		
day of	7010.	
		(Signature)
		(Signature)
		(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

ADVS TRUCKING CERVICE CORP. (name of corporation)
(name of corporation)
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
MIAMI FL 33175
has named <u>CARLOS</u> M. GONZALEZ
located at the aforesaid address, as its registered agent to accept service of process within this
SECRETARY OF STATE AND STATE OF STATE O
Having been named as registered agent and to accept service of process for the about 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.