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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 922-4001

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

ATLANTIC TRUCKING CORPORATION

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| Certificate of Status | 0       |
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

**OF**

**ATLANTIC TRUCKING CORPORATION**

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE: ATLANTIC TRUCKING CORPORATION

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:  
3840 EVERGLADES BOULEVARD, NAPLES, FLORIDA, 34117.

**ARTICLE II NATURE OF BUSINESS**

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

**ARTICLE III CAPITAL STOCK**

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100 SHARES AT \$ 1.00 EACH

**ARTICLE IV TERM OF EXISTENCE**

THIS CORPORATION IS TO EXIST PERPETUALLY.

**ARTICLE V OFFICERS DIRECTORS**

THE NAME(S) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER(S) AND DIRECTOR(S), IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSOR(S) IS (ARE) ELECTED, IS (ARE).

PREPARED BY:

JUAN C. PENA  
3840 EVERGLADES BOULEVARD  
NAPLES, FLORIDA 34117  
(305) 887-3075

JUAN C. PENA  
3840 EVERGLADES BOULEVARD  
NAPLES, FLORIDA 34117

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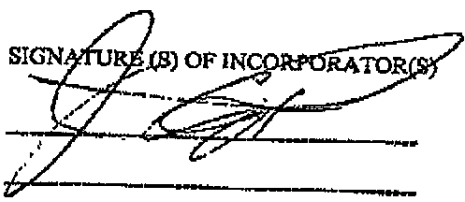
**ARTICLES VI INCORPORATOR(S)**

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THIS ARTICLES OF  
INCORPORATION IS (ARE):

JUAN C. PENA  
3340 EVERGLADES BOULEVARD  
NAPLES, FLORIDA. 34117

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE)  
EXECUTED THESE ARTICLES OF INCORPORATION THIS 12  
DAY OF JANUARY, 1999.

SIGNATURE (S) OF INCORPORATOR(S)



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**CERTIFICATE OF DESIGNATION**

**REGISTERED AGENT/ REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.325, 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:

**ATLANTIC TRUCKING CORPORATION.**

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

**JUAN C. PENA      3840 EVERGLADES BOULEVARD.**

(P.O. BOX NOT ACCEPTABLE)

**NAPLES, FLORIDA. 34117.**

(CITY/STATE/ZIP)

SIGNATURE 

TITLE **PRESIDENT**

DATE **01/12/99**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 

DATE **01/12/99.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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