DATE ^

Florida Department of State Division of Corporations

20	OOŌ:	276	54!	532	<u></u>	-:=
				1036-		
	安全等	122	E0	de de de de	まプロ	7E

P.O. Box 6327 Tallahassee, FL 32314	200	002764532 -02/04/9901036001 ****122.50 *****78.
Re: Trezco Tv	me of Corporation)	
Gentlemen:		SECT DIVISION 991
Enclosed please find the original and one copy check in the amount of \$122.50.	of the Articles of Incorporation	i, together with my RAF
check in the amount of \$122.50. This represents the cost of the Filing Fees, Certi Registered Agent Designation for the above name	fied Copy of Articles of Incorporation.	poration and Fee for ATIC
Ver	ry truly yours.)NS
	Winston According (Individual)	Cesta Thomas s Name)

MAILIN	IG ADDRES	SS OF CORPORATION —
2823	NE	12+4-5t
baines v	ille F	- -Lerid A = 32609
(352) 3	191-1114 77-1126	HONE -
Area Code	Number	Ext.

ARTICLES OF INCORPORATION of

1 rez Co Transport Fr.C. (name of corporation)	=		· · · · · · · · · · · · · · · · · · ·
(name of corporation)	=		
The undersigned acting as the incorporators of a corporation under the Florida Business the following articles of incorporation for such corporation:	Compor	ation Ac	t, adopt(s)
ARTICLE I - CORPORATE NAME	. _		PN S
The name of the corporation is: There is the trunsport true.		<u> </u>	
ARTICLE II - DURATION		·	FRANCE ST
This corporation shall exist perpetually unless dissolved according to Florida law.	- 		1:37
ARTICLE III - PURPOSE	-52		-
The corporation is organized for the purpose of engaging in any activities or business punited States and the State of Florida.	ermîtted =	l under t	he laws of the
The corporation is authorized to issueshares of common stock, par value s	\$ <u>7.</u>	90 <u> </u>	per share.
ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is:	· · · · · · · · · · · · · · · · · · ·	-	
STREET ADDRESS 2823 N. & 12th St			
	<u>-12</u>		
CITY Gaines ville FLORIDA	=	ZIP	32609
Mailing address, if different			
STREET ADDRESS			
	¥: * ≡		
CITY FLORIDA		ZIP	÷ *: ':
ARTICLE VI - INITIAL REGISTERED OFFICE AND A The street address of the initial registered office and the name of the initial reg		agent a	t the office is:
	=		
NAME Winston Acresta	원 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기	<u> </u>	
CITY GALLES VILLE FIG. 3269 FLORIDA	<u></u>	ZIP	
Chilley 111 July 1			

. ARTICLE VII - INI	TIAL BOARD OF DIRECTOR	RS =
This corporation shall have	sy-Laws, but shall never be less th	The number of directors may han one (1). The names and
ddresses of the initial director(s) of the corporation are a	as follows:	_
NAME Winston AcrestA	Thomas	
ADDRESS 2823 N.E. 12th St.		· <u>=</u>
CITY Gainesville		ZIP 32609
NAME Wintrez Tsiah Thum		
ADDRESS 18225 N. E. 2/5"		-
CITY Garaguille	STATE PA.	ZIP 32609
NAME		
ADDRESS	• • • • • • • • • • • • • • • • • • •	-
CITY	STATE	ZIP
ARTICLE	VIII - <u>I</u> NCORPORATORS	1
The names and addresses of the incorporators signing th	ese Articles of Incorporation are	as follows:
NAME Winston AcrestA	Thomas	<u> </u>
ADDRESS 2823 Ni & 12th St	,	
CITY Gamesuille	STATE FLA	ZIP 32609
NAME		
ADDRESS		——————————————————————————————————————
CITY	STATE	ZIP
NAME		
ADDRESS		-: <u>-:</u>
CITY	STATE	ZIP
The undersigned incorporator(s) have executed the	se Articles of Incorporation th	is Feburary
1 24	, 19 <u>99</u>	
day of		<u></u>
•	1/1/2 Alla	·
	1 was	(Signature)
		(Signature)
		(Dignaturo

(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

SECRETARY OF STATEONS
DIVISION OF EB-4 PM 1:37

Tre 200 Transport In C.
(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

at 2823 NE 124h GI.

Controls VIIC, Fl. 32609

has named Winston Acrosta Thomas

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 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) 2 - 1 - 99