P99000017303

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

SUBJECT: Blu	e Streak III Transp (Proposed con		(ffix) 00002780348	
Enclosed is an origina	al and one(1) copy of the artic		-02719/9901031 ****131.25 *****	00\$
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL COPY REQUIRED		
FROM:	Jay P. Krautheim Name (1	Printed or typed)	99 FE	-

Name (Printed or typed)

803 Jackson Ave.

Address

Lehigh Acres, Florida 33272

City, State & Zip

Tay is aware of 941-368-2046

Daytime Telephone number

Similar NaM Blue Streak II transportation, Inc.

R99-16772

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MMM.

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION of Blue Streak III Transport, Inc.



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SECRETARY OF STATE
TALLANIASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

Blue Streak III Transport, Inc. ARTICLE I

CORPORATE NAME

The corporation name shall be Blue Streak III Transport, Inc.

Article II Office

The principal office of the corporation will be located at 803 Jackson Avenue in the county of Lee, City of Lehigh Acres Florida.

Article III

Shares of Stocks

There will be one hundred shares of stock in the corporation.

Article IV

Registered Agent

The registered agent will be Patricia Krautheim at 803 Jackson Avenue Lehigh Acres, Florida 33972

> Article V Incorporator

Jay D. Krautheim, President

803 Jackson Avenue

Lehigh Acres, Florida 33972

2-16-99

Date

Article VI Effective Date

Blue Streak III Transport, Inc. will begin conducting business effective March 1, 1999.

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 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

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SECRETARY OF STATE