

P99000018779

TRANSMITTAL LETTER

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

SUBJECT: NEIL'S TRANSPORT, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

X 78.75 Filing Fee & Certificate

200002787092--0  
-02725/99--01049--007  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

FROM: BONAFIDE CONSULTING, INC.  
Name (printed or typed)

1192 N HARBOR CITY BLVD  
Address

MELBOURNE, FL 32935  
City, State & Zip

(407) 253-8297  
Daytime Telephone Number

FILED  
99 FEB 25 PM 2:43  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ajc  
2/26

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:  
NEIL'S TRANSPORT, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:  
4290 LAKERIDGE DR  
MELBOURNE, FL. 32934

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
7500 SHARES

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:  
NEIL A HOLLOWAY  
4290 LAKERIDGE DR  
MELBOURNE, FL. 32934

### ARTICLE V INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation are:  
NEIL A HOLLOWAY  
4290 LAKERIDGE DR  
MELBOURNE, FL. 32934

  
\_\_\_\_\_  
Signature/Incorporator

2-22-99  
\_\_\_\_\_  
Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

2-22-99  
\_\_\_\_\_  
Date

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