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

OMNI - EXPRESS LOGISTICS INC.
(Proposed corporate name - must include suffix)

100002812061--5 -03719/99--01074--017 *****78.75 *****78.75

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

\$70.00 Filing Fee Filing Fee & Certificate

\$122.50

\$131.25

Filing Fee & Certified Copy

Filing Fee. Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: GLADYS GILER
Name (Printed or typed)

CAMPA FL 336/8
City, State & Zip

8/3 963 - 2/20
Daytime Telephone number

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:	<u>-</u> :
Omni-Express Logistics Inc.	<u> 2</u> 2
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:	= - == -==
4201 W. Tampa Bay Blvd. Tampa FL 33614 PO Box 272248 Tampa FL 33688-2248	
ARTIRCLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding	g at any one time is:
1,000	-
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:	
Shirley Giler 10712 Wingate Dr Tampa FL 33624	99 MAR 19
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:	AM 9:3
Gladys Giler-President, Treasurer, & Secretary 3808 Woodroffe Ct Tampa FL33618	
Gladys Giler 3.16.99	로

(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

Signature/Incorporator

Dote

Date