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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

SCHAUTZ TRUCKING, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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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:

SCHAUTZ TRUCKING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

PO BOX 6011 LIVE OAK FL 32064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in any lawful act or activity for which corporations be organized under the Florida Business Corporation Act

ARTICLE IV SHARES

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

500 Shares

ARTICLE VI OFFICERS/DIRECTORS

Name and address:

Director:	Fred Schautz	PO Box 6011	Live Oak	FL	32064
Director:					
President:	Fred Schautz	PO Box 6011	Live Oak	FL	32064
V President:	Fred Schautz	PO Box 6011	Live Oak	FL	32064
Secretary:	Fred Schautz	PO Box 6011	Live Oak	FL	32064
Treasurer:	Fred Schautz	PO Box 6011	Live Oak	FL	32064

ARTICLE VII REGISTERED AGENT

The name and Florida street address of the initial registered agent is:

Lynda M Folsom 548 Chansbridges Road Jasper FL 32052

PREPARED BY:
LYNDA FOLSOM
PO BOX 927
JASPER FL 32052
904-792-1402

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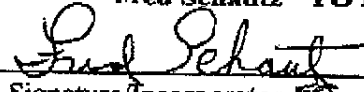
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ARTICLE VII INCORPORATOR

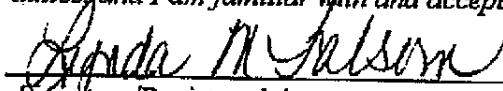
The name and address of the incorporator to these Articles of Incorporation are:

Fred Schautz PO Box 6011 Live Oak FL 32064


Signature/Incorporator


Date

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


Date

PREPARED BY

**Lynda M Folsom
PO Box 927
Jasper, FL 32052**

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