

TRANSMITTAL LETTER
P99000051066

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

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-06/01/99--01145--009
*****78.75 *****78.75

United Discount Shippers, Inc.

SUBJECT:

(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Willoughby Farr

Name (Printed or typed)

200 Hypoluxo Road

Address

Lantana, FL 33462

City, State & Zip

561-585-4141

Daytime Telephone number

FILED
99 JUN -1 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

6-7
105

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: United Discount Shippers, Inc.

ARTICLE II PRINCIPAL OFFICE

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

200 Hypoluxo Road
Lantana, FL 33462

ARTICLE III SHARES

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

50

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

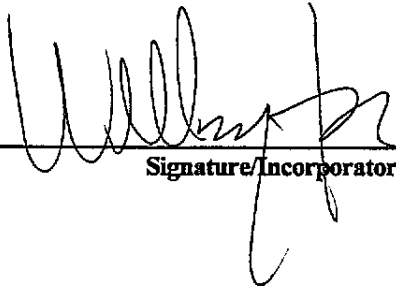
The name and Florida street address of the initial registered agent are:

Willoughby Farr
200 Hypoluxo Road
Lantana, FL 33462

ARTICLE V INCORPORATOR

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

President
Willoughby Farr
262 South Ocean Blvd.
Delray Beach, FL 33483



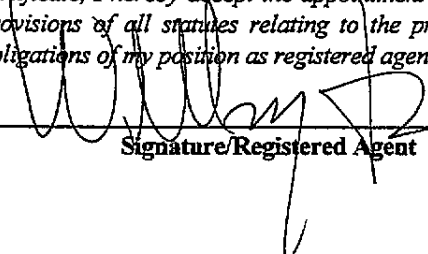
Signature/Incorporator

05/27/99

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

05/27/99

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA