Dec-02-99 12:32P ARNO FINANCIAL SERVICES

321-951-2888

Division of Corporations 9900.030.42

## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)922-4001

From:

Account Name : ARNO FINANCIAL SERVICES, INC.

Account Number : 119990000177

Phone : (407) 951-2888

Fax Number

: (407)768-7589

# FLORIDA PROFIT CORPORATION OR P.A.

LUTES TRANSPORT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
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A. Howell DEC 2 1999 Dec-02-99 12:32P ARNO FINANCIAL SERVICES

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

### 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:

LUTES TRANSPORT, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

320 RIGGS AVE MELBOURNE BEACH, FL 32951

#### ARTICLE III SHARES

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

100

## INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Andrew P. Arno

Arno Financial Services, Inc.

115 Hickory St, Ste 202 W Melbourne, FL 32904

#### ARTICLE V INCORPORATOR

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

Leonard L Lutes 320 Riggs Ave Melbourne Beach, FL 32951

Signature/Incorporator

DEC. 2,1999 Date

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

Having heen 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