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FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ PHONE: (305)599-0839

FAX #: (305)716-0346

NAME: THE TRUCK PEOPLE, INC.

AUDIT NUMBER..... H97000014248

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...1

PAGES..... 3

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 28, 1997

FAS-T

SUBJECT: THE TRUCK PEOPLE, INC.

REF: W97000020016

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933.

Dana Calloway Document Specialist FAX Aud. #: H97000014248 Letter Number: 497A00043471 H97000014248

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ARTICLE OF INCORPORATION

Q7

THE TRUCK PEOPLE . INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: THE TRUCK PROPLE, INC.

The principal place of business of this corporation shall be:

8321 N.W. 179th Street Palm Springs, Florida 33015

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: $100 \times $1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually. .

Prepared by: Javier A. Lopez 8321 N.W. 179th St. Palm Springs, FL 33015 (305) 887-4185

H97000014248

ARTICLE Y OFFICERS DIRECTORS

The name(s) and street address(ss) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

Javier A. Lopez 8321 NW. 179 St. Palm Springe, Fl.33015

Director

Juan M. Urbina Sr. 669 NW. 81 St. Miami, Pl. 33138 Director

ARTICLE VI INCORPORATOR (8)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

Javier A. Lopez 8321 NW. 179 ST. Palm Springs, Fl.33015 President & Tressurer 50 wheres

Juan M. Urbina Sr. 669 NW. 81 ST. Miami, Fl. 33138

Secretary 50 sheres

The undersigned has(have) executed these Article of Incorporation this <u>28 th.</u> day of <u>August</u>, 1997.

γ

ure/Title

Signature/Title

H97000014248

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

FILED

SECRETARY OF STATE
WISION OF CORPORATION

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The	name of the corporation is:
	THE TRUCK PEOPLE , INC.
	·
The	e name and address of the registered agent and office
is	Javier A. Lopez
	(Neme)
_	8321 NW. 179 ST.
-	(P. O. BOX NOT ACCEPTABLE)
-	Palm Springs, F].33015 (CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE forms of hope