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Florida Department of State  
Division of Corporations  
Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

16 MAY 31 PM 4:25

TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
IMPERIAL TRANSPORT USA INC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAY 31 PM 12:41

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Corporate Filing Menu

Help

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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**ARTICLE I NAME:** The name of the corporation is:

Imperial Transport USA Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3501 NW 178 ST  
Miami FL 33056

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

PRESIDENT:

Alejandro Nestor Ramirez

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Alejandro Nestor Ramirez  
3501 NW 178 ST  
MIAMI FL 33056

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Alejandro Nestor Ramirez  
3501 NW 178 ST  
MIAMI FL 33056

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**Required Signatures:**

**Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity**

  
\_\_\_\_\_  
Registered Agent

\_\_\_\_\_  
Date

**I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.**

  
\_\_\_\_\_  
Incorporator

\_\_\_\_\_  
Date

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