TRANSMITTAL LETTER POCOCOOOSTATE TRANSMITTAL LETTER Department of State

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

SUBJECT: _	COMMERCIAL (Proposed corpo	APRIERS AS	Sociation of	Florida, inc
		5	00003138 -02/17/000 ******70.00	2752 01037019 *****70.00
Enclosed is an original	ginal and one(1) copy of the article	es of incorporation and a	check for:	
¥70.00 Filing Fee	\$78.75	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FRO	M: Howard How	ROWITZ inted or typed)		منعيد الأحداث والمحادث
		139 Place	<u></u>	2000 FEB SECRETA
	MIAMI Flor	ida 33/86		ILEI 17 A NRY OF SSEE,J

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

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ARTICLES OF INCORPORATION

2000 FEB 17 AM 10: 48

The undersigned incorporator, for the purpose of forming a corporation under the Florida

SECRETARY OF STATE
Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE
TALLAHASSEE. FLORIDA Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CARRIERS Association of Florida, inc. COMMERCIAL

PRINCIPAL OFFICE ARTICLE II

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

11047 S.W. 139 place MIAMI, Fla

<u>ARTICLE III SHARES</u>

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Howard Hopowitz 11047 S.W. 139 place MIAMI, Fla

ARTICLE V INCORPORATOR

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

Howard Horowitz 11047 S.W. 139 Place MiAni, Fla 33186

(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