00 MAY 18 AM 10: 54

CLUNETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT:

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

Filing Fee Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy

\$87.50 Filing Fee, Certified Copy & Certificate of

ADDITIONAL COPY REQUIRED

YGC CATAN

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

ARTICLES OF INCORPORATION OF

FILED 00 MAY 18 AM 10: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ATM TRANSPORTATION INC

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSSINESS CORPORARION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE 1

THE NAME OF THE CORPORATION SHALL BE: ATM TRASPORTATION INC

ARTICLE 11

THE PRINCIPAL PLACE OF BUSSINESS AND MAÏLING ADDRESS OF THIS CORPORATION SHALL BE: 149 YUCATAN DR PALM SPRINGS FL. 33461

ARTICLE 111 CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STÖCK THE CORPORATION SHALL BE AUTHORIZED TO CREATE AND ISSUE IS 1,000 SHARES OF COMMON STOCK HAVING A ZERO PAR VALUE PER SHARE.

ARTICLE 1V

INITIAL REGISTERED AGENT AND OFFICE THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS: ADAN TORRES 149 YUCATAN DR PALM SPRINGS FL. 33461.

ARTICLE V

INCORPORATORS

THE NAME AND STREET ADDRESS OF THE INCORPORATORS TO THESE ARTICLE OF INCORPORATION ARE: ADAN TORRES, 149 YUCATAN DR.PALM SPRINGS FL. 33461.

ARTICLE V1 BOARD OF DIRECTORS

THE POWER OF THE CORPORATION SHALL BE EXERCISED BY OR UNDER THE AUTHORITY OF, AND THE BUSSINESS AND AFFAIRS OF THE CORPORATION SHALL BE MANAGED UNDER THOE DIRECTION OF, A BOARD OF DIRECTORS .THE NUMBER OF DIRECTORS MAY BE INCREASED OR DECREASED BY THE SHAREHOLDERS FROM TIME TO TIME AS PROVIDED IN THE BYLAWS OF THE CORPORATION.

THE NAMES AND STREET ADDRESS OF THE INITIAL DIRECTORS WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESOR IS ELECTED, ARE: ADAN TORRES, 149 YUCATAN DR LAKE WORTH FLORIDA 33461, AND CELIA TORRES, 149 YUCATAN DR LAKE WORTH FLORIDA 33461.

ARTICLE V11

THE CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFULL ACTIVITIES OR BUSSINESS PERMITED UNDER THE LAWS OF LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTY, TERRITORY OR NATION.

IN WITNESS WHEREOF. THE UNDERSIGNED INCORPORATORS HAVE MADE AND SUBSCRIBED THESE ARTICLES OF INCORPORATION AT LAKE WORTH FLORIDA, FOR THE USES AND PURPOSES AFORESAID, ON THIS 11 DAY OF MAY 2000.

Adan Torres

ADAN TORRES

INCORPORATOR

Celia Torres

CELIA TORRES INCORPORATOR

STATE OF FLORIDA) COUNTY OF PALM BEACH)

BEFORE ME PERSONALLY APPEARED, ADAN TORRES AND CELIA TORRES, TO ME KNOWN TO BE THE PERSON DESCRIBED AND WHO PRODUCED FLORIDA DRIVER LICENSE# T 620-000-69-125-0-T 620-113-64-942-0 AS IDENTIFICATION AND DID NOT TAKE AN OATH AND WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION AND WHO FREELY AND VOLUNTARY ACKNOWLEDGED BEFORE ME ACCORDING TO LAW THAT THEY MADE AND EXECUTED THE SAME FOR THE USES AND PURPOSES THEREIN MENTIONED AND SET FORTH.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND OFFICIAL SEAL AT WEST

PALM BEACH FLORIDA THIS 11 DAY OF MAY 2000.

NOTARY PUBLIC OF FLORIDA

SILIS GRECIA SENCION MY COMISSION EXPIRES: APRIL 15, 2004



FILED

OD MAY 18 AM 10: 54

SLUNETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

PERSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZER UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, I THE STATE OF FLORIDA.

1-THE NAME OF THE CORPORATION IS, ATM TRASPORTATION INC

2- THE NAME AND ADDRESS OF THE REGISTERED AGENT IS ADAN TORRES, 149 YUCATAN DR PALM SPRINGS FL. 33461.

SIGNATURE: Adan Torres

TITLE: INCORPORATOR

DATE: May 9, 2000

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 AGREEE 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: (Plta / 01

DATE: 5/9/2000