

PO0000052504
TRANSMITTAL LETTER

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

SUBJECT: ROJELIO BUS REPAIR, INC
(Proposed corporate name - must include suffix)

300003261759--0
-05/22/00--01106-012
*****78.75 *****78.75

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

\$70.00
Filing Fee

\$78.75
Filing Fee & Certificate

\$122.50
Filing Fee & Certified Copy

\$131.25
Filing Fee, Certified Copy & Certificate

FROM: ANTONIA URENA
Name (printed or typed)
1850 SW 8 ST #405
Address
MIAMI FL 33135
City, State & Zip
(305) 788-0824
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00 MAY 22 AM 8:32
FILED

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

OK 6/1

ARTICLES OF INCORPORATION

OF

ROGELIO BUS REPAIR, INC.

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

00 MAY 22 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE I NAME

The name of the corporation shall be: ROGELIO BUS REPAIR, INC."

ARTICLE II PRINCIPAL OFFICE

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

2115 OPA-LOCKA BLVD
MIAMI FL. 33054

ARTICLE III CAPITAL STOCK

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

500 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

(PRESIDENT) ROGELIO GRAVES
5135 NW 194 LANE
MIAMI FL. 33055

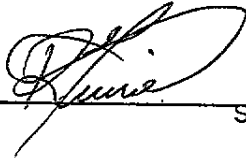
ARTICLE V - INCORPORATOR(S)

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

(PRESIDENT) ROGELIO GRAVES
5135-NW 194 LANE
MIAMI FL. 33055

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10 day of APRIL, 2000.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee -

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 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.

1. The name of the corporation is: ROGELIO BUS REPAIR, INC.

2. The name and address of the registered agent and office is:

ROGELIO GRAVES

(Name)

5135 NW 194 LANE

(P.O. Box not acceptable)

MIAMI FL 33055

(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY 22 AM 8:32

FILED

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)

4/10/00

(Date)