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To:

Division of Corporations

: (850) 922-4001 Fax Number

From:

: FAS-T CORP. AGENTS, INC. Account Name

Account Number : 071001002335 : (305)599-0839 Phone : (305)716-0346 Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

CAMPA TRUCKING INC.

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Corporate Filings

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ARTICLES OF INCORPORATION OF

CAMPA TRUCKING 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: CAMPA TRUCKING INC.

The principal place of business of this corporation shall be: 2730 W 60 Pl #202, Hialeah Fl 33016.

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 States, 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 value that this corporation is authorized to have outstanding at any one time is: 1000 shares @ \$1.00 par value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer (s) and director(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):

Manuel Campa 2730 W 60 Pl #202 Hialeah Fl, 33016.

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator (s) to this articles of incorporation is(are):

Manuel Campa 2730 W 60 Pl #202 Hialeah Fl 33016.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 18th day of July 2000

Signature(s) of Incorporator(s)

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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.

2. The name an office is:	d address of the registered	agent and
MANUEL CAMPA	2730 W 60 Pl #202	SECTION ASSESSMENT
	(P.O. BOX NOT ACCEPTABLE)	
•	Hialeah F1, 33016.	
	(CITY/STATE/ZIP)	Janus Langt
	SIGNATURE TITLE	
	DATE	O CESS FOR THE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

DATE 7-18-00