# Florida Department of State

Division of Corporations Public Access System
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To:

Division of Corporations

Fax Number

: (850)922-4001

Account Name

: FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone

: (305)599-0839

Fax Number

: (305)716-0346

# FLORIDA PROFIT CORPORATION OR P.A.

ODYSSEY DRIVERS CORP.

Contie	
Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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### ARTICLES OF INCORPORATION

Of

## ODYSSEY DRIVERS CORP.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, by and under the provisions of the State of Florida providing for the information, rights, privileges, duties and obligations of a corporation for profit.

#### ARTICLE I

The name of the corporation shall be:

## ODYSSEY DRIVERS CORP.

The permanent and mailing address of the corporation shall corporate shall be sh

1335 West 49 Place, Apt. 209

Hialeah, Florida 33012

#### ARTICLE II

# NATURE OF CORPORATE BUSINESS

The corporation may engage in any activity or business permitted under the laws of the United States and under the laws of the State of Florida and shall have perpetual existence.

#### ARTICLE III

#### CAPITAL STOCK

This Corporation is authorized to issue a maximum of ONE HUNDRED (100) Shares of stock. The shares of Stock authorized shall be common stock having a par value of ONE (\$1.00) DOLLAR per share. The consideration to be paid for each share of stock shall be fixed by the Board of Directors.

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#### ARTICLE IV

# INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Hernando Rodriguez

1335 West 49 Place, Apt. 209

Hialeah, Florida 33012

#### ARTICLE .V

### BOARD OF DIRECTORS

The number of Directors may be altered from time to time by by-laws adopted by the Stockholders. However, the Corporation shall have no less than ONE (1) director at any time.

### ARTICLE VI

# INITIAL BOARD OF DIRECTORS

The names and post office address of the initial members of the initial Board of Director(s) is/are:

<u>NAME</u>

<u>ADDRESS</u>

Hernando Rodriguez

1335 West 49 Place, Apt. 209

Hialeah, Florida 33012

Gladys Lopera

8700 NW 38 St

Summise, Plorida 33152

The member(s) of the first Board of Directors shall hold office until the first annual meeting of Stockholders of the Corporation.

#### ARTICLE VII

#### INCORPORATOR

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

Hernando Rodriguez

1335 West 49 Place, Apt. 209

Hialeah, Florida 33012

The undersigned Incorporator, for the purpose of forming a Corporation to do business within the State of Florida, does make and file these Articles of Incorporation, hereby declaring and certifying that the facts stated are true.

Hernando Rodriguez

STATE OF FLORIDA

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COUNTY OF MIAMI DADE

SS.:

The foregoing instrument was executed by <u>Hernando Rodriquez</u> under oath, who produce a Florida driver License <u>#R362-320-53-293-0</u> and acknowledge by me this day <u>26th</u> of <u>August 2000</u>.



Morge Wello, Notary Public

My Commission Expires:

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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.

The name of the corporation is:

# ODYSSEY DRIVERS CORP.

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

Hernando Rodriguez 1335 West 49 Place, Apt. 209 Hialeah, Florida 33012

Signature: Hillesety
Title: Incorporator
Date: 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 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 outles, and I am familiar with and accept the obligations of my position as registered agent.

Signature: \_\_\_

Date:

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