

P000000 91742  
TRANSMITTAL LETTER

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

500003402775--0  
-09/25/00--01106--016  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: All Florida Career of America, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

Leonardo Almeida

Name (Printed or typed)

6296 N.W. 186 St, #107

Address

Miami Lakes, FLA. 33015

City, State & Zip

305/887-8280

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 SEP 25 PM 1:28

FILED

F. CHESSON

SEP 21 8 2000

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

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

All Florida Courier of  
America, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6296 N.W. 186TH ST, #107E, Miami Lakes,  
FLA. 33015

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Courier company

## ARTICLE IV SHARES

The number of shares of stock is:

ONE

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Leonardo Almeida - 6296 N.W.  
ST, #107E, Miami Lakes, FLA. 33015

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Leonardo Almeida - 6296  
N.W. 186TH ST, #107E, Miami Lakes,  
Florida - 33015

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leonardo Almeida - 6296 N.W.  
186TH ST, #107E, Miami Lakes, FL. 33015

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Leonardo Almeida

Date

9-14-00

Signature/Incorporator

Leonardo Almeida

Date

9-14-00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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