

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC.

(Requestor's Name)

3940 W. FLAGLER ST. 2nd FLOOR

(Address)

MIAMI, FLORIDA 33134 (305) 444-4994

(City, State, Zip)

(Phone #)

200003468462--9  
-11/17/00--01039--011  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Computer Carrier Institute, Inc  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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Walk in

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Pick up time \_\_\_\_\_

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Certified Copy

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Mail out

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Will wait

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Photocopy

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Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION**

**ARTICLE I, NAME**

The name of this corporation is **Computer Carrier Institute, Inc..**

**ARTICLE II, NATURE OF BUSINESS**

**Computer Carrier Institute, Inc..** is organized for the purpose of transacting any lawful business for which corporations may be formed in Florida.

**ARTICLE III, TERM OF EXISTENCE**

The duration of **Computer Carrier Institute, Inc..** is perpetual.

**ARTICLE IV, CAPITAL STOCK**

**Computer Carrier Institute, Inc..** is authorized to issue 100 shares of common stock, par value \$1.00 per share.

**ARTICLE V, ADDRESS**

The principle address of **Computer Carrier Institute, Inc..** is:

860 SE 12th St  
Hialeah, Fl 33166

and the name of the initial registered agent of this corporation at this address is  
**Reinaldo W. Medina**

FILED  
00 NOV 17 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLE VI, INITIAL DIRECTORS**

**Computer Carrier Institute, Inc.** shall have four (4) directors, and the number of directors may be changes as provided in the bylaws, but shall never be less than one. The name and address of the initial directors are:

Jorge L. Guerra  
10770 SW 153rd St  
Miami, Fl 33157

President/Director

Yolando C. Guerra  
10770 SW 153rd St  
Miami, Fl 33157

Treasure/Director

Reinaldo W. Medina  
5080 E 9th Lane  
Hialeah, Fl 33013

Vice-President/Director

Mercedes L. Medina  
5080 E 9th Lane  
Hialeah, Fl 33013

Secretary/Director

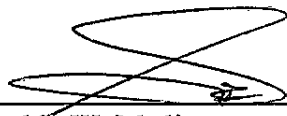
## **ARTICLE VII, INCORPORATOR**

The name and addresses of the incorporator of this corporation are:

Reinaldo W. Medina  
5080 E 9th Lane  
Hialeah, Fl 33013

IN WITNESS WHEREOF ,the undersigned has executed these Articles of Incorporation this  
16th day of November

STATE OF FLORIDA )  
 )  
COUNTY OF DADE )

  
\_\_\_\_\_  
Reinaldo W. Medina  
Incorporator

Before me, a notary public authorized take acknowledgments in the state and county seats above, personally appeared Reinaldo W. Medina, known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and the acknowledge before me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this 16th day of November 2000.

  
\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE

My Commission Expires:

NOTARY PUBLIC - STATE OF FLORIDA  
ANTONIO GARCIA  
COMMISSION # CC798205  
EXPIRES 1/9/2003  
BONDED THRU ASA 1-888-NOTARY1

**ACCEPTANCE OF APPOINTMENT**

**OF**

**REGISTERED AGENT**

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.

1. The name of the corporation is: Computer Carrier Institute, Inc..

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

Reinaldo W. Medina

5080 E 9th Lane

Hialeah, FL 33133

SIGNATURE 

TITLE Secretary

DATE November 16, 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 THE CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION 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 

DATE November 16, 2000

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA