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Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 01 APR 19 PM 4:46

SECRETARY OF STATE TALLAHASSEE FLORIDA

000004032980---04/19/01--01076--001 *****70.00 *****70.00 Restrepo Trucking, Inc. SUBJECT: (Proposed corporate name - must include suffix) Enclosed is an original and (1) copy of the articles of incorporation and a check for: □ \$87.50 \$70.00 ☐ \$78.75 ☐ \$78.75 ₋ Filing Fee Filing Fee, Filing Fee Filing Fee Certified Copy & Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED Linda Chalarca FROM: Name (Printed or Typed) 3501 W. Vine Street #269 Address

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

Kissimmee, FL 34741
City, State & Zip

(407) 944-4310 Daytime Telephone number

<u>ARTICLES OF INCORPORATION</u> (FLORIDA)

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

ARTICLE I - Name

The name of the corporation shall be: Restrepo Trucking, Inc.

ARTICLE II - Principle Office

The principal place of business and mailing address of this corporation shall be: 2300 Harbor Town Drive, Kissimmee, FL 34744

ARTICLE III - Shares

The number of shares that this corporation is authorized to have outstanding at any one time is: 1,000,000

ARTICLE IV - Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent is: Jose Restrepo, 3501 W. Vine Street, Suite 269, Kissimmee, FL 34741

ARTICLE V - Incorporator

The name and address of the incorporator to these Articles of Incorporation are: Jose Restrepo, 2300 Harbortown Drive, Kissimmee, FL 34744

Signature of Incorporator

Date

Having 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 of Registered Agent

ASSET FLOR