

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC.

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101

(Address)

CORAL GABLES, FL 33134 305-444-4994

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

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

1. TRAIL MASTERS EXPRESS, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in ☒ Pick up time ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ 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 |

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*****78.75 *****78.75

Examiner's Initials

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

TRAIL MASTERS EXPRESS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**13441 SW 152nd Terrace #1404
MIA, FL 33177**

ARTICLE III SHARES

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

500 shares \$1.00 per value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**JOSE CORRY
13441 SW 152nd Terrace #1404
MIA, FL 33177**

FILED
01 APR 27 PM 1:32
TALLAHASSEE FL 32301
SECRETARY OF STATE

ARTICLE V INCORPORATORS(S)

The name(s) and address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ROADMASTER LOGISTIC INC

**13441 SW 152nd Terrace #1404
MIA, FL 33177**

YAMIL ABBAS ARBID

**13441 SW 152nd Terrace #1404
MIA, FL 33177**

ARTICLE VI DIRECTOR(S)

The name (s)and street address(es) of the director(s) to these Articles of Incorporation is(are):

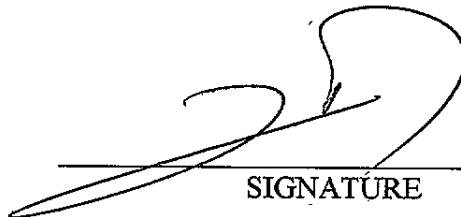
JOSE CORRY on behave of ROAD MASTER LOGISTIC INC

**13441 SW 152nd Terrace #1404
MIA, FL 33177**

YAMIL ABBAS ARBID

**13441 SW 152nd Terrace #1404
MIA, FL 33177**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 25 of April, 2001.



SIGNATURE



SIGNATURE

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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:

TRAIL MASTERS EXPRESS, INC

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

**JOSE CORRY
13441 SW 152nd Terrace #1404
MIA, FL 33177**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN HIS 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 _____

DATE _____

4/26/01

01 APR 27 PM 1:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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