

Polina 7/24/15

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)
3320 S.W. 87 AVENUE
(Address)
MIAMI, FLORIDA (305)552-5973
(City, State, Zip) (Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

000004522330-2
-08/07/01--01038--001
*****70.00 *****70.00

OFFICE USE ONLY

FILED
01 AUG -7 PM 12:40
TALLAHASSEE FLORIDA
SECRETARY OF STATE

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

1. MAYCOR CARGO SERVICES INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:00 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

RECEIVED
01 AUG -7 AM 10:17
DIVISION OF CORPORATION

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
OF
MAYCOR CARGO SERVICES INC.

ARTICLE I

THE NAME OF THE CORPORATION IS:

MAYCOR CARGO SERVICES INC.

ARTICLE II

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OF BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE LAWS OF THE STATE OF FLORIDA.

ARTICLE III

THE MAXIMUM NUMBER OF SHARES OF CAPITAL STOCK THAT THE CORPORATION IS AUTHORIZES TO ISSUES IS 500 SHARES AT \$1.00 PER VALUE.

ARTICLE IV

THE AMOUNT OF CAPITAL WITH WHICH THE CORPORATION WILL BEGIN BUSINESS IS THE SUM OF \$500.00

ARTICLE V

THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS SOONER DISSOLVED ACCORDING TO LAW, AND ITS EXISTENCE SHALL COMMENCE UPON FILING.

ARTICLE VI

THE STREET ADDRESS IS THE PRINCIPAL OFFICE OF THE CORPORATION IN THIS STATE SHALL BE:

15148 SW 60 TERRA MIAMI FLORIDA, 33182

ARTICLE VII

THE NAME(S) AND STREET ADDRESS(ES) OF THE PERSON SIGNING THESE ARTICLES ARE:

JOSE W. MAYORGA
15148 SW 60 TERRA MIAMI FLORIDA 33193

GUSTAVO CORDOBA
12851 NW 11 ST. MIAMI FLORIDA, 33182

ARTICLE VIII

THE CORPORATION SHALL HAVE A BOARD OF DIRECTORS CONSISTING OF NOT LESS THAN TWO OR MORE THAN SIX DIRECTORS. THE INITIAL BOARD OF DIRECTORS SHALL CONSIST OF TWO DIRECTORS WHOSE NAME AND ADDRESS ARE AS FOLLOWS:

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SECRETARY OF STATE
FLORIDA

JOSE W. MAYORGA
15148 SW 60 TERRA MIAMI FLORIDA, 33193

GUSTAVO CORDOBA
12851 NW 11 ST. MIAMI FLORIDA, 33182

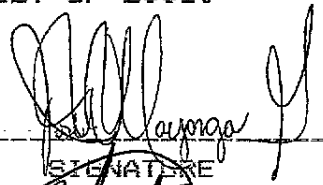
ARTICLE IX

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE, AND
THE NAME OF THE INITIAL REGISTERED AGENT AT THAT ADDRESS
SHALL BE:

JOSE W. MAYORGA
15048 SW 60 TERRA MIAMI FLORIDA, 33193

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF
INCORPORATION THIS THIRTY DAYS OF JULY OF 2001.

JOSE W. MAYORGA


SIGNATURE

GUSTAVO CORDOBA


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: MAYCOR CARGO SERVICES INC.

2. The name and address of the registered agent and office is
JOSE W. MAYORGA

NAME
15148 SW 60 TERRA

(P.O. BOX NOT ACCEPTABLE)
MIAMI FLORIDA, 33193

(CITY/STATE/ZIP)

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 DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS, OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

DATE: JULY, 2001

01 AUG -7 PM 12:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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