# 200107171

# Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

# FLORIDA PROFIT CORPORATION OR P.A.

LOAD MASTERS USA, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1/1     |
| Page Count            | (03)    |
| Estimated Charge      | \$78.75 |

NOV 0 6 2001

## 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:

LOAD MASTERS USA, INC.

#### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of the corporation shall be:

12295 SW 151 ST # E113 MIAMI, FL 33186

#### <u>ARTICLE III- SHARES</u>

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

100 Shares

### ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JUANA POMPA 12295 SW 151 ST # E113 MIAMI, FL 33186 SECRETARY OF STATE

## <u>ARTICLE V - INCORPORATOR</u>

The name and street address of the incorporator to these Articles of Incorporation is:

JUANA POMPA 12295 SW 151 ST # E113 MIAMI, FL 33186

The undersigned incorporator has executed these Articles of Incorporation this 06 day of November 2001.

ARTICLE VI - DIRECTOR(S)

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

JUANA POMPA (PRESIDENT, VICE-PRESIDENT, SECRETARY AND TREASURE 12295 SW 151 ST # E113 MIAMI, FL 33186

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept services of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

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SECRETARY OF STATE