

TRANSMITTAL LETTER

FILED

02 OCT -3 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

200007978502--6  
-09/24/02--01026--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: AU Freight Solutions Corporation  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: Raquel Silvosa  
Name (Printed or typed)  
15620 S.W. 147 Ave  
Address  
Miami, FL 33187  
City, State & Zip  
305-238-5392  
Daytime Telephone number

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

WD2-28118

10-4-02  
[Signature]



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

September 27, 2002

RAQUEL SILVOSA  
15620 SW 147 AVE  
MIAMI, FL 33187

SUBJECT: ALL FREIGHT SOLUTIONS, CORPORATION  
Ref. Number: W02000028118

We have received your document for ALL FREIGHT SOLUTIONS, CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6930.

Donna Graves  
Document Specialist  
New Filing Section

Letter Number: 602A00054865

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: *All Freight Solutions, Corporation*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: *15620 SW 147 Ave  
Miami, FL 33187*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *Freight Brokerage*

**ARTICLE IV SHARES**

The number of shares of stock is: *100*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s): *Griselda Guia  
15620 SW 147 Ave  
Miami, FL 33187*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

*Raquel SilvoSA  
15620 SW 147 Ave  
Miami, FL 33187*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: *Raquel SilvoSA  
15620 SW 147 Ave  
Miami, FL 33187*

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

*Raquel SilvoSA*  
\_\_\_\_\_  
Signature/Registered Agent

*10-2-02*  
\_\_\_\_\_  
Date

*Raquel SilvoSA*  
\_\_\_\_\_  
Signature/Incorporator

*9-19-02*  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 OCT -3 PM 3:43

FILED