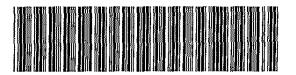
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SECRETARY OF STATE
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TRANSMITTAL LETTER

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

SOBJECT:	(Proposed corporate name - must include suffix)
Enclosed is an eand a check for	original and one (1) copy of the articles of incorporation
\$70.00 Filing Fee	\$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee, Certificate & Certified Copy of Status \$87.50 Filing Fee, Certified Copy & Certified Copy & Certificate of Status
	FROM <u>CARLOS GUZMAN</u> Name (Printed or Typed)
	659 ANCHOR LANE Address
	W. MELBOURNE, FL 32904 City, State & Zip
	321 - 676-3379 Daytime Telephone number

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

ARTICLES OF INCORPORATION

03 JUL 21 PH 2:59

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

ARTICLE I

The name of the corporation shall be:

COMPLETE DELIVERY, INC.

ARTICLE II PRINCIPAL OFFICE

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

BUSINESS ADDRESS & MAILING ADDRESS: 659 ANCHOR LANE W MELBOURNE, FLORIDA 32904

ARTICLE III SHARES

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

25,000 SHARES (COMMON VOTING)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the registered agent is: CARLOS GUZMAN 659 ANCHOR LANE W MELBOURNE, FLORIDA 32904

Filing Fee: \$70.00

ARTICLE V INCORPORATOR(S) See instructions for officers/directors

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

CARLOS GUZMAN 659 ANCIIOR LANE W MELBOURNE, FLORIDA 32904

The undersigned incorpincorporation this	orator(s) has(h	ave) executed day of	d these Articl	<i>es of</i> _ , 2003.
)	
	Signature	septo-		
	Signature			***
,	Signature		 .	

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: COMPLETE DELIVERY, INC. (must include suffix)	
	
2. The name and address of the registered agent and office is:	O3 JU SECR
CARLOS GUZMAN (Name)	JUL 21 PH CRETARY OF LAHASSEE
659 ANCHOR LANE (P.O. Box or Mail Drop Box NOT Acceptable)	2: 59 FLORIDA
W. MELBOURNE, FL 32904 (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) 07/17/03 (Date)