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To:

Division of Corporations.

Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

ELBA DELIVERY CORP.

Certificate of Status	0
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ANTICLE OF INCORPORATION

<u>OF</u>

ELBA DELIVERY CORP.

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

ARTICLE I NAME

The name of the corporation shall be: ELBA DELLVERY CORP.

The principal place of business of this corporation shall be:
20315 NW. 52 AVE.
MIAMI,FL.33155

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE ILI CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

 $100 \times $10.00 = $1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually,

03 OCT 21 AM 8: 07 SECRETARY OF STATE

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

LEONARDO MAGDARIAGA 20315 NW. 52 AVE. MIAMI.FL.33155 DIRECTOR

ARTICLE VI INCORPORATOR (S)

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

LEONARDO MAGDARIAGA 20315 NW. 52 AVE. MIAMI, FL. 33155

PRESIDENT, SECRETARY & TREASURER 100 shares

The tipr	unders this	igned 20	has(th. d	have) av of	execu Octobe	ted r		Article	of	Incorpora
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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:
	ELBA DELIVERY CORP
2.	The name and address of the registered agent and office
	isLEONARDO_MAGDARIAGA
	(Mame)
	20315 NW. 52 AVE. (P. O. BOX NOT ACCEPTABLE)
	(P. O. BOX NOT ACCEPTABLE)
	MIAMI,FL.33155 (CITY/STATE/ZIP)
	(CAII/BIRIB/GAR)
142.3 77	ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE
OF F	PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI
	legistered agent and agree to act in this capacity. I fur Agree to comply with the provisions of all statutes
RELA	TING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES
AND	I AM FAMILIAR WITH AND ACCEPT THE OBLEGATIONS OF MY
FOQ I	TION AS MY POSITION AS REGISTERED AGENT.
	SIGNATURE
	DATE 10-20-03

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