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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : LAXMY'S CARRIER SERVICES
Account Number : I20040000007
Phone : (305) 640-0281
Fax Number : (305) 640-0282

FLORIDA PROFIT CORPORATION OR P.A.

XIOMARITA TRUCKING, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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TALLAHASSEE FLORIDA

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TRANSMITTAL LETTER

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04 JUN 15 AM 9:24

SECRETARY OF STATE
TALLAHASSEE FLORIDADepartment of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314SUBJECT: Xiomarita Trucking, Inc.
(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: LAXMY'S CARRIER SVCS
Name (Printed or typed)8181 N.W. 36 St. Ste 1002
AddressMiami, FL 33166
City, State & Zip(305) 640-0281
Daytime Telephone number

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

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:

XIOMARITA TRUCKING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1470 WEST 41 ST. STE 411

HIALEAH, FL, 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRUCKING

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JOSE OSVALDO GARCIA-P

1470 W 41 ST STE 411

HIALEAH, FL, 33012

OSVALDO GARCIA -VICE-P

1470 W 41 ST STE 411

HIALEAH, FL, 33012

ARTICLE VI REGISTERED AGENT

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

LAXMY'S CARRIER SVCS

8181 NW 36 ST STE 1002

MIAMI, FL, 33166

ARTICLE VII INCORPORATOR

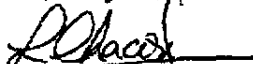
The name and address of the Incorporator is:

JOSE OSVALDO GARCIA

1470 W 41 ST STE 411

HIALEAH, FL, 33012

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



Signature/Registered Agent

06/14/2004

Date



Signature/Incorporator

06/14/2004

Date