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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Cert   1 Copies \_\_\_\_\_    Certificates of Status \_\_\_\_\_

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**AZARUS CORPORATE FILING SERVICE**

20 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ADVANCED TRANSPORT, CORP.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

Examiner's Initials

## ***ARTICLES OF INCORPORATION***

*The undersigned incorporate (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:*

ADVANCED TRANSPORT, CORP.

### ***ARTICLE II - PRINCIPAL OFFICE***

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

6960 NW 186 ST  
HIALEAH, FL 33015

### ***ARTICLE III - SHARES***

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

ONE HUNDRED SHARES AT \$1.00 PER VALUE

### ***ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS***

*The name and address of the initial registered agent is:*

OMAR PEREZ  
6960 NW 186 ST  
HIALEAH, FL 33015

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CLERK OF DISTRICT COURT  
HIALEAH, FL 33015

## **ARTICLE V - INCORPORATOR**

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

OMAR PEREZ  
6960 NW 186 ST  
HIALEAH, FL 33015

*The undersigned incorporator has executed these Articles of incorporation this 7 day of DECEMBER, 2004.*

  
\_\_\_\_\_  
Signature  
OMAR PEREZ

## **ARTICLE VI - DIRECTOR (S)**

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

PRESIDENT  
VICE-PRESIDENT  
TREASURER  
SECRETARY

OMAR PEREZ  
6960 NW 186 ST  
HIALEAH, FL 33015

100 %

**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

*Having been named as Registered Agent and to accept service 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.*



Signature  
OMAR PEREZ

*Witness my hand and official seal at Hialeah, Dade county, Florida, this 7 days of DECEMBER 2004.*

\_\_\_\_\_  
Notary Public, State of Florida

My Commission Expires:

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