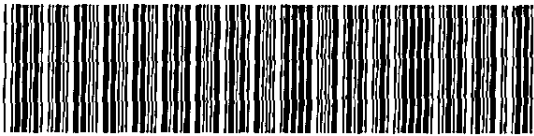


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02/23/05--01046--012 **78.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special instructions to Filing Officer:

Office Use Only

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2/24/05

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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FEB 23 11 2:32
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

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

1. ORIBE TRANSPORT INC
(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/ 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
In compliance with Chapter 607 and/or 621 F.S. (Profit)

The name of this corporation shall be:

ORIBE TRANSPORT INC.

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TALLAHASSEE, FLORIDA

ARTICLE II _____ **PRINCIPAL OFFICE**

The principal place of business of this corporation shall be:

7261 WEST 29 LANE
HIALEAH, FL. 33018.

ARTICLE III _____ **NATURE OF BUSINESS**

This corporation may engage in any activity or business permitted under the laws of the United States of America and the Laws of the State of Florida.

ARTICLE IV _____ **SHARES**

The number of shares of stocks is: 1200 SHARES

ARTICLE V _____ **INITIAL OFFICERS / DIRECTORS**

The names, Address and Titles:

ORIBE MARTINEZ – PRESIDENT-SECRETARY
7261 WEST 29 LANE
HIALEAH, FL. 33018.

ARTICLE VI RESIDENT AGENT AND STREET ADDRESS

ORIBE MARTINEZ
7261 WEST 29 LANE
HIALEAH, FL. 33018.

ARTICLE VII INCORPORATOR

ORIBE MARTINEZ
7261 WEST 29 LANE
HIALEAH, FL. 33018.

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 appointment as register agent and agree to act in this capacity.

Oribe Martinez
Signature - Resident Agent

Oribe Martinez
Signature - Incorporator

2/21/05
STATE OF FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED
FEB 23 AM 10:47

2/21/05
Date