

Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.exe>

**POS000147158**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

Florida Department of State  
Division of Corporations  
Public Access System

05 NOV -2 AM 11:45

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H05000255425 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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.**

**SOUTH FLORIDA SKYLINE CARRIERS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

05 NOV -2 AM 11:45

**ARTICLE OF INCORPORATION  
OF**

**South Florida Skyline Carriers, Inc.**

THE UNDERSIGNED, FOR THE PURPOSE OF FORMING A CORPORATION  
UNDER THE FLORIDA GENERAL CORPORATION ACT, DO HEREBY ADOPT THE  
FOLLOWING ARTICLES OF INCORPORATION:

**ARTICLE ONE**

THE NAME OF THE CORPORATION: **South Florida Skyline Carriers, Inc.**

**ARTICLE TWO**

THE DURATION OF THE CORPORATION IS PERPETUAL

**ARTICLE THREE**

THE GENERAL PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS:

1. TO ENGAGE IN THE BUSINESS OF ANY AND ALL LAWFUL BUSINESS  
CONNECTED WITH

**Transportation Services**

- 
2. TO TRANSACT ANY OTHER LAWFUL BUSINESS FOR WHICH  
CORPORATIONS MAY BE INCORPORATED UNDER THE FLORIDA GENERAL  
CORPORATION ACT, AND ENGAGE IN ANY OTHER TRADE OR BUSINESS  
WHICH CAN, BE ADVANTAGEOUSLY CARRIED ON IN CONNECTION WITH OR  
AUXILIARY TO THE FOREGOING BUSINESS.

3. TO DO SUCH THINGS AS ARE INCIDENTAL TO THE FOREGOING OR  
NECESSARY OR DESIRABLE IN ORDER TO ACCOMPLISH THE FOREGOING.

**ARTICLE FOUR**

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION IS  
AUTHORISED TO ISSUE IS 1000 SHARES. SUCH SHARES SHALL BE OF A  
SINGLE CLASS, AND SHALL HAVE A PAR VALUE OF \$1.00

**ARTICLE FIVE**

THE STREET ADDRESS OF THE INITIAL REGISTERED AND PRINCIPAL OFFICE  
OF THE CORPORATION IS:

**19165 Stonebrook Street, Weston, FL, 33332**

AND THE NAME OF ITS INITIAL REGISTERED AGENT AT SUCH ADDRESS IS:

**Maria R. Gonzalez**

**ARTICLE SIX**

THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS OF THE CORPORATION IS TWO (2) THE NAME AND ADDRESS OF EACH PERSON WHO IS TO SERVE AS A MEMBER OF THE INITIAL BOARD OF DIRECTORS:

PRESIDENT: Maria R. Gonzalez, 19165 Stonebrook Street, Weston, FL, 33332

VICE PRESIDENT: Doricelly Vargas, 19165 Stonebrook Street, Weston, FL, 33332

TREASURER:

SECRETARY:

---

**ARTICLE SEVEN**

THE NAME AND ADDRESS OF THE INCORPORATOR IS AS FOLLOWS:

**Maria Gonzalez, 19165 Stonebrook Street, Weston, FL, 33332**

IS OF, THE UNDERSIGNED HAS MADE AND SUBSCRIBED THESE ARTICLES OF INCORPORATION AT DADE COUNTY, FLORIDA THIS **ON THIS 2ND DAY OF NOVEMBER, 2005.**

  
\_\_\_\_\_  
INCORPORATOR  
**Maria R. Gonzalez**

**STATE OF FLORIDA**

**BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN THE STATE AND COUNTY SET FORTH ABOVE, PERSONALLY APPEARED**

**Maria R. Gonzalez**

**KNOWN TO BE AND KNOWN BY ME TO BE THE PERSON WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND HE/SHE ACKNOWLEDGED BEFORE ME THAT HE/SHE EXECUTED THOSE ARTICLES OF INCORPORATION. IN EYEWITNESS WHEREOF, I HAVE SET HAND SEAL IN THE STATE AND COUNTY ABOVE, ON THIS**

ON THIS 2ND DAY OF NOVEMBER, 2005.

\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA  
COMMISSION EXPIRES

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
NAMED CORPORATION, AT THE PLACE DESIGNATED IN THESE ARTICLES, I  
HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO  
COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER  
PERFORMANCE OF MY DUTIES

Maria R. Gonzalez  
REGISTERED AGENT  
Maria R. Gonzalez

STATE OF FLORIDA

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENT  
IN THE STATE AND COUNTY SET FORTH ABOVE, PERSONALLY APPEARED  
Maria R. Gonzalez KNOWN TO BE AND KNOWN BY ME TO EXECUTE THE  
FOREGOING ACCEPTANCE BY REGISTERED AGENT, AND HE ACKNOWLEDGED  
BEFORE ME THAT HE EXECUTED THAT ACCEPTANCE ON THIS  
ON THIS 2ND DAY OF NOVEMBER, 2005

\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA  
COMMISSION EXPIRES

FILED STATE  
SECRETARY OF CITATION  
DIVISION OF  
05 NOV -2 AM 11:45