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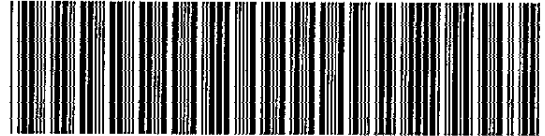
(Business Entity Name)

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06 JAN 17 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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**LAZARUS
CORPORATE FILING SERVICE**

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

1 CLEXPRESS INC.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

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NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 6, 2006

LAZARUS

SUBJECT: CL EXPRESS INC.
Ref. Number: W06000000727

We have received your document for CL EXPRESS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock
Document Specialist
New Filing Section

Letter Number: 706A00001129

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ARTICLES OF INCORPORATION

06 JAN 17 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED INCORPORATORS FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT THE FOLLOWING ARTICLES OF INCORPORATION

ARTICLE I

THE NAME OF THE CORPORATION SHALL BE:

LC EXPRESS INC.,

ARTICLE II

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE CORPORATION SHALL BE:

BUSINESS ADDRESS: 18115 NW 83 AVE
HIALEAH, FL 33015

MAILING ADDRESS: 18115 NW 83 AVE
HIALEAH, FL 33015

ARTICLE III

THE NUMBER OF SHARES OR STOCK THAT THIS INCORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100 SHARES

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS IS,

PABLO FONSECA
18115 NW 83 AVE
HIALEAH, FL 33015

ARTICLE V

THE NAME AND STREET ADDRESS OF THE INCORPORATORS TO THIS
ARTICLES OF INCORPORATION ARE,

PABLO FONSECA
18115 NW 83 AVE
HIALEAH, FL 33015

ARTICLE VI

THE NAME AND STREET ADDRESS OF THE DIRECTORS TO THE ARTICLES OF
THIS INCORPORATION ARE

PABLO FONSECA
18115 NW 83 AVE
HIALEAH, FL 33015

ARTICLE VII

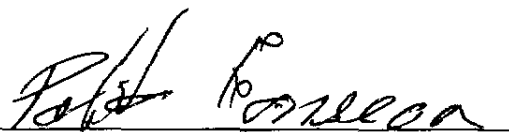
THE PURPOSE OF THE INCORPORATION IS TO PROVIDE TRANSPORTATION
AND RELATED SERVICES.

ARTICLE VIII

THE NAME OF THE BUSINESS SHALL BE: CL EXPRESS INC.

THE UNDERSIGNED INCORPORATORS HAVE EXECUTED THIS ARTICLES OF
INCORPORATION THIS 30TH DAY OF DECEMBER OF THE YEAR 2005.

SIGNATURE

A handwritten signature in black ink, appearing to read 'Pablo Fonseca', is written over a horizontal line.

Pablo Fonseca

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT\REGISTERED OFFICE**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT THE PROVISIONS OF SECTIONS 607, 0501 OR 617,0501 OF THE FLORIDA STATUTES, THE UNDERSIGNED CORPORATION ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING STATEMENT OF DESIGNATION OF REGISTERED OFFICER/REGISTERED AGENT IN THE STATE OF FLORIDA.

THE NAME OF THE CORPORATION IS:

LC EXPRESS INC.

THE NAME AND ADDRESS OF THE REGISTERED AGENT IS,

**Pablo Fonseca
18115 NW 83rd Ave
Hialeah, FL 33015**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OR PROCESS FOR THE ABOVE CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE 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 PERTAINING 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

Pablo Fonseca Date *12/30/2005*

Pablo Fonseca