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| (Requ | iestor's Name) | | | |
|---|-----------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/ | State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Busi | ness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETACIONS ATE

C.J. 8

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: | EL RAYO SELVIC | | UDE SUFFIX) | ** *** ******************************* |
|---------------------|--|---|---|---|
| | | | | |
| Enclosed are an ori | ginal and one (1) copy of the artic | les of incorporation and | l a check for: | |
| S70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | |
| FROM: | KATHERINE C | OHEN Printed or typed) | | |
| | _ | ••• | | <u></u> |
| | 9054 SW 149 | PL ddress | | √ <u>6 2.2.</u> |
| | Miami, Fl | 33196 State & Zip | | |
| | (305)408 1740 | " | | |
| | Daytime Te | lephone 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) | FILED |
|--|--|
| ARTICLE I NAME | |
| The name of the corporation shall be: | 06 AUG -7 PM 2: 24 |
| EL Rayo Services Inc | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| ARTICLE II PRINCIPAL OFFICE | |
| The principal place of business/mailing address is: | |
| 9054 SW 149 PL MIAMI, FL 33196 | |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is: | |
| transportation and dumping services | • |
| ARTICLE IV SHARES | |
| The number of shares of stock is: 10 at \$100 each | |
| ADMIN II THERE A DESIGNED AND OR DEDECTION | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): | en e |
| KAtherine Cohen President 90 | 84 SW 149 PL. Miami, FL 33196 |
| | 54 SW 149 PL MIAMI, FL 33196 |
| THE THE PARTY OF T | , |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (B.O. Rey NOT accentable) of the re- | girtarad agant in |
| The name and Florida street address (P.O. Box NOT acceptable) of the re- | gistered agent is. |
| Jean Paul Cohen | |
| 15662 SW 9151 Ln, Mani, 71, 33196 | |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | .* |
| KATherine Cohen 9054 SW 149 PL | |
| Miami, FL 33196 | |
| ************************************** | ********* |
| Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to | |
| Deau Havel Coher | 08/05/06 |
| Signature/Registered Agent | Date |
| Katherine Cohen | 08/05/06 |
| Signature/Incorporator | Date |
| | |