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COVER LETTER

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

SUBJECT: E	agle Port &	logistics lin	DE INC.	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX)</u>	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:	
Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Andres Conce			
2595 Jampa RD Suite Q				
	PAIM Ha	Abol FL ?	34684	
727 686 1416 Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION	SECRETARY OF STATE DIVISION OF CORPORATIONS
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	OF DET -
ARTICLE I NAME	06 OCT -5 AM 8: 46
The name of the corporation shall be: Engle Port & loc	BISTICS line inc
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 25 95 4	APA RD, SUITEQ
palm Har	bor, FL 34184
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	d any and all
Opereio	•
low full	BU551N ESS
ARTICLE IV SHARES The number of shares of stock is: 100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): (Madress Gomez 510 Hickoryout Aug. O lesman (Mauricio Ardila 8928 Bayaud Dr. tampa fl. (David Couz 301 Salmon Ct Kissimmer),	· 2264 0110165 86581 9671
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the re Alba Herrera 7021 Whittington Ct, New	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: 510 Hickory To ldsmar F	L 34677
**************************************	**************************************
certificate, I am familiar with and accept the appointment as registered agent and agree to	
Allocatherrorca	9/26/06
Signature/Registered Agent	Date
	9/26/2006
Signature/Incorporator	Date

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