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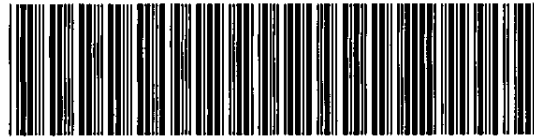
(Business Entity Name)

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2007 MAR 23 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2007 MAR 21 PM 12:01

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T. Hampton MAR 26 2007

**LAZARUS  
CORPORATE FILING SERVICE**

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

1. A.M. CARRIERS CORP

(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

**AMENDMENTS**

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

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

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

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2007

LAZARUS

SUBJECT: A.M. CARRIERS CORP  
Ref. Number: W07000014169

We have received your document for A.M. CARRIERS CORP 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.**

The document number of the name conflict is P99000094950 (A & M CARRIERS, INC.).

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) 245-6855.

Tammy Hampton  
Document Specialist  
New Filing Section

Letter Number: 607A00019820

RECEIVED  
07 MAR 23 PM 4:15  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act. Hereby adopt(s) the following Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation shall be;

*MARTINEZ CARRIERS, CORP.*

2007 MAR 23 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be;

Ariel Martinez      2828 Lake view Dr.  
Fern Park Fl 32730

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is; .500 Shares value of \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is;

Ariel Martinez 2828 Lake view Dr.  
Fern Park Fl 32730



ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) if the incorporator(s) to these Article of incorporation is (are);

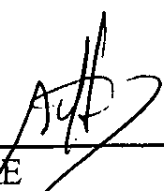
Ariel Martinez 2828 Lake view Dr.  
Fern Park Fl 32730

ARTICLE VI DIRECTOR(S)

The name(s) and the street address(es) of the director(s) to these Articles of incorporation is (are);

Ariel Martinez 2828 Lake view Dr.  
Fern Park Fl 32730

The undersigned incorporator(s) has(have) executed these Articles of incorporation this 17 day of March, 2007

x   
\_\_\_\_\_  
SIGNATURE  
President Vicepresident  
Treasurer Secretary

Ariel Martinez

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

CERTIFICATE OF DESIGNATION REGISTERED AGENT/

REGISTERED OFFICE.

Pursuan to the provision of sections 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida,

1.- The name of the corporation is; MARTINEZ CARRIERS, CORP.

2.- The name and address of the registered agent and office is

Ariel Martinez

NAME

2828 Lakes view Dr.

P.O. BOX NOT ACCEPTABLE

Fern Park Fl 32730

CITY/STATE/ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATON AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE ABLIGATIONS OF MY POSITION AS REG

x  
SIGNATURE

17 day of March, 2007