# P08000025912

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Phorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<b></b>
Special Instructions to Filing Officer:
· ·

Office Use Only



400119798424

03/11/08--01006--020 \*\*236.25

08 MAR 1.1 AM 10: 53

DIVISION OF CORPURATIONS
TALLAMASSFE, FLORIDA

RECEIVED

D8 MAR II AM 9: 35
SECRETARY OF STATE
ANASSEF FIORIO

MR3/12

**ECFS** 

EXPRESS CORPORATE FILING SERVICE, INC 1000 PONCE DE LEON BLVD., STE: 101

CORAL GABLES, FL 33134 PH: (305)444-4994 FAX: (305)444-4977 \*) FILED

08 MAR 11 AM 9:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Examiner's Initials

OFFICE USE ONLY

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

(Corporation Name)  (Corpo	·				
(Corporation Name) (Corporation	·	Name)		(Document #)	
Walk in Pick up time Certified Copy  Mail out Will wait Photocopy Certificate of Status  NEW FILINGS AMENDMENTS Amendment  NonProfit Resignation of R.A., Officer/ Director  Limited Liability Change of Registered Agent  Dornestication Dissolution/Withdrawal		Name)		(Document #)	
Walk in Pick up time Certified Copy  Mail out Will wait Photocopy Certificate of Status  NEW FILINGS AMENDMENTS Amendment  NonProfit Resignation of R.A., Officer/ Director  Limited Liability Change of Registered Agent  Domestication Dissolution/Withdrawal			· · · · · · · · · · · · · · · · · · ·		
Mail out  Will wait  Photocopy  Certificate of Status  NEW FILINGS  AMENDMENTS  Amendment  NonProfit  Resignation of R.A., Officer/ Director  Limited Liability  Change of Registered Agent  Domestication  Dissolution/Withdrawal	(Corporation	Name) 		(Document #)	
Mail out  Will wait  Photocopy  Certificate of Status  AMENDMENTS  Amendment  NonProfit  Resignation of R.A., Officer/Director  Limited Liability  Domestication  Dissolution/Withdrawal	□ Walk in	Pick up time	· · ·	Certified Copy	·-
Profit	Mail out	Vill wait	Photocopy		atus
Profit			· <del>-</del>		
NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal	NEW FILINGS		MENDMEN	IS.	
Limited Liability Change of Registered Agent  Domestication Dissolution/Withdrawal	Profit	A A	mendment		
Domestication Dissolution/Withdrawal	NonProfit	Re	esignation of R.A.	, Officer/ Director	
Other Dissolution/withdrawai	Limited Liability	Cı	nange of Registere	d Agent	
Other Merger	Domestication	Di	ssolution/Withdra	wal	
	Other	М	erger		•
	OTHER FILINGS	AGNESIA   100000, 0000 000, AGNESIA 000, AGNESIA 000, AGNESIA 000, AGNESIA 000, AGNESIA 000, AGNESIA 000, AGNES	<ul> <li>Designation of the property of th</li></ul>		
	Annual Report	<u> </u>	The resemblished to the contract to the contract.		
Annual Report QUALIFICATION	Fictitious Name		<del>-</del>		
Annual Report QUALIFICATION Fictitious Name Foreign	Name Reservation	·   <del>     </del>			
Annual Report  Fictitious Name  QUALIFICATION  Foreign  Limited Partnership		Reins	tatement		
Annual Report  Fictitious Name  QUALIFICATION  Foreign  Limited Partnership		Trade	mark	· _	
Annual Report  Fictitious Name  Name Reservation  QUALIFICATION  Foreign  Limited Partnership					

Other

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

SOUTH FLORIDA FREIGHT FORWARDING, INC. \_\_\_\_\_ OF STATE

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 330 SW 27 AVE. # 605 MIAMI, FL 33135

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

### ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MANUEL D. PEREZ (P/D) JOSE GOMEZ (V/D) 330 SW 27 AVE. #605 MIAMI, FL 33135

<u>ARTICLE VI REGISTERED AGENT</u>	
The name and Florida street address (P.O. Box NOT acceptal	
MANUEL D. PEREZ	NO.
330 SW 27 AVE. # 605	<b>=</b> . 9
MIAMI, FL 33135	PEC 9
ARTICLE VII INCORPORATOR	OB MAR I
The <u>name and address</u> of the Incorporator is:	SST - 1
MANUEL D. PEREZ	用 呈
330 SW 27 AVE. # 605	F. 9. 0
MIAMI, FL 33135	STATI ORNI
//	~~ J
*****	0M
Having been named as registered agent to accept service of process for the certificate, I am familiar with ghd accept the appointment as registered agent	**************************************
certificate, I am familiar with ghd accept the appointment as registered ages	**************************************
certificate, I am familiar with ghd accept the appointment as registered ages	**************************************
certificate, I am familiar with ghd accept the appointment as registered ages	**************************************
certificate, I am familiar with ghd accept the appointment as registered ages	****************  e above stated corporation at the place designated in this nt and agree to act in this capacity   03-10-08  Date

<u>.</u>