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COVER LETTER

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

SUBJECT:	Cid f	Auto Transp	ort, Inc
	(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:
\$70.00 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 PPY REQUIRED
FROM:	Name (Honio Cid (Printed or typed) 11 SW 1284 Address	quenue
	Hia City,	mi, Florida State & Zip	33184
	(SU) Daytime T	294-1135 Pelephone 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) 08 DEC 16 PM 12: 05 ARTICLE I NAME The name of the corporation shall be: SECRETARY OF STATE TALLAHASSEE, FLORIDA Auto Transport, Inc ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 891 SW 128 AvenuE Miami, F/ 33/84 The purpose for which the corporation is organized is: Tow company ARTICLE IV SHARES The number of shares of stock is: ONE SHATE OF STOCK (ONLY ONE OFFICER) ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Title: President ICEO Antonio Cid 891 SW (28 AvenuE MiAmi F1 33184 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Antonio Cid 8915W 128 AVENUE MIAMI, F) 33184 The name and address of the Incorporator is: Antonio Cid 091 SW 128 AVENUE 4 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Reg

Signature/Incorporate