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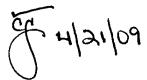


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2009 APR 20 PM 1:59

SCORETARY OF STAIL



SECRETARY OF STATE
DIVISION OF CORPORATION

2009 APR 20 PM 1:59

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

RE: HOMESTEAD YELLOW FLEET, INC.

Enclosed is a check for \$ 78.75 together with two copies of the articles of incorporation of **HOMESTEAD YELLOW FLEET, INC.**

Please return a certified copy to the registered agent of the corporation:

ROBERT RIOS 4139 NE 30 STREET HOMESTEAD, FLORIDA 33033

Thank you for your attention to this request.

Sincerely,

ARTICLES OF INCORPORATION

SECRETARY OF STATE SHYTSION OF CORPORATION

OF

2009 APR 20 PH 1:59

HOMESTEAD YELLOW FLEET, INC.

The undersigned incorporators, for the purpose of forming a corporation under the Florida Corporation Act, Hereby adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

HOMESTEAD YELLOW FLEET, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:

4139 NE 30 STREET HOMESTEAD, FLORIDA 33033

ARTICLE III CAPITAL STOCK

The number of Shares of Stock that this corporation is authorized to issue and have outstanding at any one time is:

10,000 (Ten Thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent and the initial office of the corporation is:

ROBERT RIOS 4139 NE 30 STREET HOMESTEAD, FLORIDA 33033

ARTICLE V OFFICERS AND/OR DIRECTORS

ROBERT RIOS P/D 4139 NE 30 STREET HOMESTEAD, FLORIDA 33033

ARTICLE VI INCORPORATORS

The name and street address of the incorporators to these Articles of Incorporation are:

ROBERT RIOS 4139 NE 30 STREET HOMESTEAD, FLORIDA 33033

The undersigned have executed these Articles of Incorporation this 1ST Day of APRIL, 2009.

Signature

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT N THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION OF REGISTERED AGENT.

Signature (

<u>4/1/</u>09

Date

2009 APR 20 PM 1: 59

SECRETARY OF STAIL