

FD9000048199

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000133808 3)))



H090001338083ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617 6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

RECEIVED  
DEPARTMENT OF STATE  
09 JUN -2 PM 1:19

FLORIDA PROFIT/NON PROFIT CORPORATION

COLLAZO TRUCKING, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

2009 JUN -2 P 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

62-3-9

2009

**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:

COLLAZO TRUCKING, INC.

**ARTICLE II PRINCIPAL OFFICE**The principal ~~street~~ address and mailing address, if different is:423 BEACOM BLVD  
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:  
100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

ALBERTO COLLAZO-PRESIDENT  
423 BEACOM BLVD  
MIAMI, FL. 33135**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:ALBERTO COLLAZO  
423 BEACOM BLVD  
MIAMI, FL. 33135**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:ALBERTO COLLAZO  
423 BEACOM BLVD  
MIAMI, FL. 33135

\*\*\*\*\*

*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*

x Alberto Collazo  
Signature/Registered Agent

6-2-09  
Date

x Alberto Collazo  
Signature/Incorporator

6-2-09  
Date

FILED  
2009 JUN -2 P 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA