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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 071001002335 Phone : (305)599-0839

Fax Number : (305)716-0346

FLORIDA PROFIT/NON PROFIT CORPORATION

SON'S TRANSPORT, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE FLORIDA

<u>OF</u>

SON'S TRANSPORT, INC.

The undersigned incorporation(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:

SON'S TRANSPORT, INC.

ARTICLE II PRICIPAL OFFICE

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

16766 NW 15TH STREET

PEMBROKE PINES, FL 33028

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

FIVE HUNDRED SHARES @ \$1.00/PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

LESSENIA COMES

16766 NW 15TH STREET

PEMBROKE PINES, FL 33028

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ARTICLE V INCORPORATOR(S)

SECRETARY OF STATE TALLAHASSEE FLORIDA

The name(s) and street address(es)of the incorporator(s) to these Articles of Incorporation is (are):

MARIA B. GOMEZ

16766 NW 15TH STREET

PEMBROKE PINES, FL 33028

The undersigned has(have) execut	ed these Articles of incorpor	ration this	5 th	day
or August	20.2 9			
		MARIA B. 6	omez - P/VP/	risin

FILED

CERTIFICATE OF DESIGNATION

09 AUG -6 AM 10: 04

REGISTERED AGENT/REGISTERERD OFFICE

SECRETARY OF STATE TALLAHASSEE FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statues, the undersigned corporation, organized under the laws of the State of Florida, submits he following statement in designating the registered office/registered agent, in the State of Florida.

i. (ne name o	fthis corporation is: SON'S TRANSPORT INC.	
2. The name an	id address of the registered agent and office is: .JESSENIA 6 OMLZ	
	(NAME) 16766 NW 15 TH STREET	
	(P.O. BOX NOT ACCEPTABLE) PEMBROKE PINES, FLORIDA 33028	
	(CITY/STATE/ZIP)	

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

SIGNATURE

DATE

SENTA COMEZ