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FLORIDA PROFIT/NON PROFIT CORPORATION

EAST COAST FLEET TRANSPORTATION INC.

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

ARTICLE OF INCORPORATION

OF

EAST COAST FLEET TRANSPORTATION INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: EAST COAST FLEET TRANSPORTATION INC.

The principal place of business of this corporation shall be:
619 W. 14 ST.
HIALEAH, FL. 33010

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: $100 \times $10.00 = $1,000.00$

ARTICLE IV THEM OF EXISTENCE

This corporation is to exist perpetually.

09 OCT 19 AM 10: 07

The name(s) and street address(es) of the initial office AHASSEE. FLORIDA comporation's existence or until their successor(5) is (are) elected, is(are):

RAFAEL MOMPIE 619 W. 14 ST. HIALEAR, FL. 33010 DIRECTOR

ARTICLE VI INCORPORATOR (S)

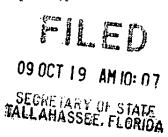
The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

RAPAEL MOMPIE 619 W. I4 ST. HIALEAH, FL. 33010. PRESIDENT, SECRETARY & TREASURER 100 shares

The undersigned has (have) executed these Article of Incorporation this _19 th. day of October ______, 2009 __.

Signature/Title

Signature/Title



CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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

1.	The name of the corporation is:_
_	EAST COAST FLEET TRANSPORTATION INC.
2. 7	The name and address of the registered agent and office
3	is RAFAEL MOMPIE
	(Name)
	619 W. 14 ST.
	(P. O. BOX NOT ACCEPTABLE)
_	HIALEAH, FLORIDA 33010
	(CITY/STATE/ZIP)
RAVIN	IG BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE
DF PR	OCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI
	GISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES
RELAT	ING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES
	AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY TON AS MY POSITION AS REGISTERED AGENTA
- CDT T	TOW AS MY FUSITION AS RECISIERED MOSMY
	SIGNATURE ALOM D
	STAIL OVER
	DATE 10~19~09