P10000088494

	(Re	equestor's Name)	
	(Ad	dress)	***************************************
	(Ad	dress)	
	(Cit	y/State/Zip/Phone) #)
PICK-	.UP	WAIT	MAIL
	(Bu	siness Entity Nar	ne)
	(Do	cument Number)	
ertified Copies		_ Certificates	of Status
		Eiling Officer	
Special Instruction	ons to	rining Onicer.	
Special Instruction	ons to	r imig Onicer.	
Special Instruction	ons to	r imig Onicer.	
Special Instruction	ons to	r iing Onleer.	
Special Instruction	ons to	, img onleer.	
Special Instructio	ons to	, img onicer.	
Special Instruction	ons to	, img onicer.	
Special Instruction	ons to		
Special Instruction	ons to	Office Use Onl	у
Special Instruction	ons to		у
Special Instruction	ons to		У



700187016267

11/01/10--01028--002 **78.75





HD 11-1-100

COVER LETTER

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

SUBJECT:	CQ Trans	sond I	TOC.
	(PROPOSED CORPORA	T I NAME – <u>MUST INCL</u>	<u>.ÚDE SUFFIX</u>)
Enclosed are an or	riginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy
	& Certificate of Status	& Certified Copy	& Certificate of
			Status
		ADDITIONAL CO	OPY REQUIRED
	0	_	_
FROM:	CO Tran	Sport Ir	2C.
	Name	e (Printed or typed)	
	7208 1	/Incont	RO
		Address	
	drondo f	-L 3281	7
	City,	State & Zip	
-	850-7	10-2201	
	Daytime	elephone number	
	E-mail address: (to be use	d for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

(down

11/1/10

alisatures of Dot # P07000128531

making and

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:	port the.	
ARTICLE II PRINCIPAL OFFICE Principal street, address OFFICE ARTICLE III PURPOSE	Po Mailing address, if different of the	ant is:
The purpose for which the corporation is organized is:		· ·
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR Name and Title: 100 100 100 100 100 100 100 100 100 10	SS Name and Title: Address:	NOV - 1 PM 59: 2
Name and Title: Address: Name and Title:	Name and Title:	<u>o</u>
Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of	Address:	
Name: Address: 2208 VINCONT RO OYUNGO FL 32817	r the registered agent is. 	
Address: 228 VINCONT R OF CONTROL		
this certificate, from familiar with and accept the appointment as regular	rone 11/1	// 6 Date
I submit this document and affirm that the facts stated herein are document to the Desartment of State constitutes a shird degree felon the Constitutes a shirt degree felon to the Desartment of State Constitutes a shirt degree felon to the Constitute shirt degree shirt	frue. I am aware that the false information as provided for in s.817.155, F.S.	Date 10