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PICK-UP	☐ WAIT	MAIL		
(Bı	usiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

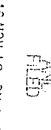




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COVER LETTER

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

SUBJECT: CARIBBEAN TRANSPO	ORT OF ORL, INC.
(PROPOSED CORPORATE Enclosed are an original and one (1) copy of the articles.	TE NAME – MUST INCLUDE SUFFIX) cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: PABLO F. MONCLOVA Name	(Printed or typed)
1637 NEW CHAPEL DR	Address
ORLANDO FL 32837 City,	State & Zip
407-948-4056 Daytime Te	elephone number
E-mail address: (to be used	I for future annual report notification)

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

APPOUR AND FILED

10 NOV 18 PM 4: 33

SECHÉTAHY DE STATE TALLAHASSEE, FLORIDA

November 15th 2010

Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

Re: CARIBBEAN TRANSPORT OF ORL, INC. with Document number (P04000151125)

I am authorizing the enclosed articles of incorporation to be filed due to the fact that I have no intentions on reinstating and I am releasing the name of CARIBBEAN TRANSPORT OF ORL, INC. with document # (P04000151125)......", to be filed as a new corporation.

Cordially,

PABLO F. MONCLOVA, PRESIDENT

ARTICLES OF INCORPORATION

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

AFTERMEN
AWK EL
FLED

11/15/2010 Date

the name of the corp	VAME CARIBBEAN TRAN Poration shall be:	or order or order, into:	0 NOV 18 PH 4:
ARTICLE II	PRINCIPAL OFFICE		3.4
	Principal street address	Mailing address, i	ECRETISE OF STATE
	37 NEW CHAPEL DR	1637 NEW CHAPEL DI	REMINION FLORI
QI	RLANDO FL 32837	ORLANDO FL 32837	
ARTICLE III P			
ANY AND ALL	ch the corporation is organized is: . LEGAL USE.		
ARTICLE IV			
The number of share	s of stock is:100		
	NITIAL OFFICERS AND/OR DIREC		
		DENT Name and Title:	
Address:	1637 NEW CHAPEL DR		
	ORLANDO FL 32837		
Name and Titl	e;	Name and Title:	
Address:		Address:	
	e:	Name and Title:	
Address:		Address:	
			
A DOTOL D III	POICEPPD ACENT		
	REGISTERED AGENT da street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	PABLO F. MONCLOVA		
Address:	1637 NEW CHAPEL DR		
	ORLANDO FL 32837		
ARTICLE VII	NCORPORATOR		
	ess of the Incorporator is:		
Name:	PABLO F. MONCLOVA		
Address:	1637 NEW CHAPEL DR		
Audiess.	ORLANDO FL 32837		
Address,		process for the above stated cornoration at	the place designated is
Having been named	I as registered agent to accept service of place in a significant with and accept the appointment	as registered agent and agree to act in this	
Having been named		as registered agent and agree to act in this o	capacity
Having been named		as registered agent and agree to act in this o	

Required Signature/Incorporator