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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED MAR 17 2011

FLORIDA PROFIT/NON PROFIT CORPORATION
TRINIAMI CARGO AND DISTRIBUTION INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

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BS 3/18/11

ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: TRINIAMI CARGO AND DISTRIBUTION INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
15566 NW 5TH STREET
PEMBROKE PINES, FL 33023

Mailing address, if different:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to transact any and all lawful purposes for which a corporation may be formed

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TESSA SANKAR
Address: #9 EVENTIDE ROAD
SUNRISE PARK, TRINCITY
TRINIDAD AND TOBAGO

Name and Title:
Address:

Name and Title: GREGORY SANKAR
Address: #9 EVENTIDE ROAD
SUNRISE PARK, TRINCITY
TRINIDAD AND TOBAGO

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ABRAHAM BAKSH
Address: 15566 NW 5TH STREET
PEMBROKE PINES, FL 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Arae Rivera
Address: 62 White street
New York , NY 10013

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

Required Signature/Registered Agent — Date: 03/14/2011

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator — Date: 03/11/11