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(Re	questor's Name)	
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		MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

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

Scratch Transport Corp. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) SUBJECT:

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED

Walfreddy Gomez FROM: _ Name (Printed or typed)

3450 West 84 Street Suite 202-F Address

Miami, FL 33018 City, State & Zip

786 234-2260 Daytime Telephone number

gomezwal@hotmail.com E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporation shall be:

Scratch Transport Corp.

PRINCIPAL OFFICE ARTICLE II

Principal street address 13873 SW 53 Street Miramar, FL 33027

Mailing address, if different is: SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 1,000

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

Name and Title Address:	: <u>Oscar Soto, President</u> <u>13873 SW 53 Street</u> Miramar, FL 33027		
Name and Title Address:	×	Name and Title: Address:	
Name and Title Address:	;	Name and Title: Address:	

REGISTERED AGENT ARTICLE VI

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

Name:	Oscar Soto
Address:	13873 SW 53 Street
	Miramar, FL 33027

ARTICLE	VII	INCORPORATOR

The name and add	ress of the Incorporator is:
Name:	Walfreddy Gomez PA
Address:	3450 West 84 St Suite 202-E
	Hialeah, FL 33018

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

equired Signature/Registered Agent

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.

gnature/facorporator Requiree