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| PICK-UP WAIT MAIL                       |  |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |  |
| (Dusiness Enuty Name)                   |  |  |  |  |  |
| ·                                       |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |
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SECRETARY OF STATE
ALLAHASSEE, FLORIO

## **COVER LETTER**

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

| SUBJECT:             | Master (PROPOSE                           | Transc<br>d corporati | ort G   | CLUDE SUFFE       | In                  | -         |
|----------------------|---|-----------------------|---|-------------------|---------------------|-----------|
| Enclosed are an      | original and one (1) co                   | opy of the article    | es of incorporation                             | and a check for   |                     |           |
| \$70,00<br>Filing Fo | \$78.75<br>Filing Fee<br>& Certificate of | f Status              | \$78.75 Filing Fee & Certified Copy  ADDITIONAL | & Certi<br>Status | d Copy<br>ficate of |           |
| FROM:                |   | nando<br>Name (I      | GUQVO<br>Printed or typed)                      | era               | <del></del>         |           |
|                      | 1tialea                                   | n FL                  | T 11 Av<br>dress<br>3301                        | <u>e</u><br>3     | SECRET              | =<br>5 71 |
|                      | SSO-                                      | 210-2                 | ate & Zip                                       |                   | ARY OF SSEE, FI     |           |
|                      | B-mail addro                              | ·                     | or future annual repo                           | ort notification) | STATE<br>ORIDA      | , —       |

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

4-2-1

To Whon it may comen!

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Master Transport Group, Ire

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SECRETARY OF STATE

TALLAHASSEE FIGHT

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:   | ) Curbo <del></del>  |  |  |  |  |
|--|--|--|--|--|--|
| Principal street address   | - Transport Grap Inc Mailing address, if different is:   |  |  |  |  |
| 2275 East 11 Ave.<br>Highen Fl 33013   | Da Mailing address, if different is: Are HIGLEAN FC 33013  |  |  |  |  |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  |  |  |  |  |  |
| AM purpose   |  |  |  |  |  |
| ARTICLE IV SHARES The number of shares of stock is:  |  |  |  |  |  |
| Name and Title Polynon do Suevar Address:  | Name and Title: VP) ANA Maria Mesca<br>Address: 2275 East 11 Ave<br>1+1: alean FL 33013  |  |  |  |  |
| Name and Title: Address:   | Name and Title:  |  |  |  |  |
| 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 Name:  Address:  Address:  Address:  | the registered agent is:  ARY  BYCO  FERMINANT  ARY  FERMINANT |  |  |  |  |
| ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Address:  Address: | rec<br>13  |  |  |  |  |
| Having been named as registered agent to accept service of process j<br>this certificate, I am familiar with and accept the appointment as regist  |  |  |  |  |  |
| Fernago Guerrera<br>Required Signature/Registered Agent  | <u>Lo' 2-11</u>  |  |  |  |  |
| 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.   |  |  |  |  |  |
| Fernenado Guna a Required Signature/Incorporator   | 6-2-11<br>Date   |  |  |  |  |