

PI1000094049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

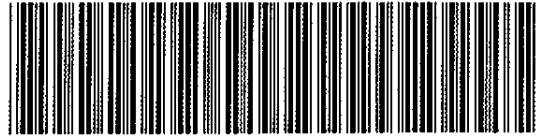
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800213097888

10/28/11--01001--015 \*\*70.00

RECEIVED

11 OCT 27 PM 4:46

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

11 OCT 27 PM 4:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VH

## COVER LETTER

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

SUBJECT: YPO Carriers Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☒ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: YURP Picado  
Name (Printed or typed)  
2445 NW 23 Street #3  
Address  
Miami FL 33142  
City, State & Zip  
\_\_\_\_\_  
Daytime Telephone number  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

To whom it may concern:

As of Oct 27-11 we will not be  
re-instating (XPO Carriers Inc) under  
Doc- P10000028718 with the Department  
of State for this year.

Thank you.

JMB.

**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:

XPO Carriers Inc

**FILED**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2445 NW 23 Street  
#3  
Miami FL 33142

Mailing address, if different is:

PO Box 352012  
Miami FL 33135

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

All purpose

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Yury Picado

Address:

2445 NW 23 Street #3  
Miami FL 33142

Name and Title:

Address:

Name and Title:

Address:

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:

Address:

Yury Picado  
2445 NW 23 Street #3  
Miami FL 33142

**ARTICLE VII INCORPORATOR**

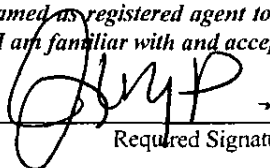
The name and address of the incorporator is:

Name:

Address:

Yury Picado  
2445 NW 23 Street #3  
Miami FL 33142

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

10/27/11  
Date

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

10/27/11  
Date