

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MARES CARGO EXPRESS CORP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB -2 PM 12:51

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SECOND REQUEST

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2/3/12 2/1/2012

12/14/2029 07:05

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ARTICLES OF INCORPORATION

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

12 FEB -2 PM 12:51

ARTICLE I NAME

The name of the corporation shall be:

MARES CARGO EXPRESS CORP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

10921 NW 26th Avenue

Miami, Florida 33167

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRANSACT ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan B. Mora President

Address: 10921 NW 26th Avenue

Miami, Florida 33167

Name and Title: Anderson S. Mora Vice President

Address: 10921 NW 26th Avenue

Miami, Florida 33167

Name and Title: Sandra Felix Treasurer

Address: 10921 NW 26th Avenue

Miami, Florida 33167

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: Juan Bautista Mora

Address: 10921 NW 26th Avenue

Miami, Florida 33167

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Juan Bautista Mora

Address: 10921 NW 26th Avenue

Miami, Florida 33167

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

01/08/2012

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

01/08/2012

Date

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