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(Re	equestor's Name)	
(Ād	ldress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Certified Copies	Certificates	of Status
Certified Copies	_ Octanoates	
Special Instructions to	Filing Officer:	
		

Office Use Only

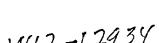


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COVER LETTER

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

SUBJECT: STAY LOADED CORP	•
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: JULIO A TREJO JR. Name	(Printed or typed)
13370 S.W. 82Nb STREI	ETddress
MIAMI, FLORIDA 3318;	3 State & Zip
786-587-9060 Daytime Te	elephone number
stayloadedbrokers@yaho E-mail address: (to be used	DO.COM for future annual report notification)

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



RECEIVED 12 APR 16 PM 12: 03

FLORIDA DEPARTMENT OF STATE LANCISSE FLORIDA Division of Corporations

March 6, 2012

JULIO A TREJO, JR. 13370 S.W. 82ND STREET MIAMI, FL 33183

SUBJECT: STAY LOADED CORP. Ref. Number: W12000012934

We have received your document for STAY LOADED CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 312A00008602

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:	Y LOADED CORP.	And the second s	
ARTICLE II PRINCIPAL OFFIC	<u>CE</u>		
Principal street		Mailing address, if different is:	
13370 S.W. 82ND 3			
MIAMI, FLORIDA 3	3183	70 7	_
		- C	_
RTICLE III PURPOSE			
ne purpose for which the corporation is FRANSPORTATION	organized is:		,
RANSPORTATION		Ma F	
		<u> </u>	
RTICLE IV SHARES		Ψ	
e number of shares of stock is: //	0	()i's	200
		$ 0$ \cdot 0	,
Name and Title: JULIO A TRE	S AND/OR DIRECTORS	Name and Title: Juan Carlos Chan	nh
Address: 13370 S.W.821	ID STREET	Address: /3370 SW 82 37	Ŧ
MIAMI, FLORI	•	Miami F1. 3318	ጛ.
			<u>Z</u> .
Name and Tidothia DITTA COAL	"Sonnotoell"	Name and Title:	
Address: 13370 S.W. 82		Address:	-
MIAMI, FLORII		Address.	-
			_
N 177'1		A TOTAL	_
Address:		Name and Title:	-
Audiess.		/ radioss.	_
RTICLE VI REGISTERED AG			
e <u>name and Florida street address</u> (P.		the registered agent is:	
Name: <u>Sulib R</u> Address: 13370 S	Trejo		
	FL 22182	AR R T	
mistry.	FC 33183	ASA TO P	
RTICLE VII INCORPORATOR		ASSEE M	
e name and address of the Incorporator	is:	PR 3: 3: SEE. FLORE	
Name: Sulio A.	Treio	.+ For w	
Address: 13370 S	W. 82 nd Stree FG 33183	RA 3	
- TACHETTI	PG 55185	ΘE Δ	
		for the above stated corporation at the place designated	l in
s certificate, I am familiar with and acc	ept the appointment as regis	stered agent and agree to act in this capacity	
		22.24.22.42	
00/16 /RE) G		03-01-2012	_
Required Signa	ture/Registered Agent	Date	
	he facts stated herein are i	true. I am aware that the false information submitted in as provided for in s.817.155, F.S.	n a
Julia TRejo Required Sig	noturo/Incompand	03-01-2012	_
Kequirea Sig	nature/incorporator	Date	