

P12000039789

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED APR 27 2012

****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
CLEMAR TRANSPORT, INC.**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 APR 27 PM 12:57

FILED

04/30/12

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Corporate Filing Menu

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

ARTICLE I NAME CLEMAR TRANSPORT, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
82 N.W. 116 STREET
MIAMI, FL 33168

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>PRESIDENT</u>	Name and Title: _____
Address: <u>CLEDES J. LOUIS</u>	Address: _____
<u>82 N.W. 116 STREET</u>	_____
<u>MIAMI, FL 33168</u>	_____
Name and Title: <u>VICE-PRESIDENT</u>	Name and Title: _____
Address: <u>MARC K. JEAN-PAUL</u>	Address: _____
<u>1220 NE 200 TERR</u>	_____
<u>MIAMI, FL 33179</u>	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: CLEDES J. LOUIS
Address: 82 N.W. 116 ST
MIAMI, FL 33168

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANA CAROLINA ALONSO
Address: 1146 MEDINA ST. #1
OPALOCKA, FL 33054

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

04-26-2012

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

04-26-2012

Date

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TALLAHASSEE, FLORIDA

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