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DIVISION OF CORPORATIONS

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Ps 5/15/12

COVER LETTER

Department of State New Filing Section		
P. O. Box 6327	I TAIDE MONTS COR	
Tallahassee, FL 32314 RHZEFT	+ Investments Con	
- ·	te name - <u>Must include suffix</u>)	
Enclosed are an original and one (1) copy of the article	cles of incorporation and a check for:	
\$70.00 \$78.75	\$78.75 \$ 87.50	
Filing Fee Filing Fee	Filing Fee, Filing Fee,	
& Certificate of Status	& Certified Copy Certified Copy	
	& Certificate of	
	Status	
	ADDITIONAL COPY REQUIRED	
FROM: TOMAS OSPINO Name (Printed or typed)		
4504 NW 1835t Address		
Miami Gard	ens FL 33055 State & Zip	
786 - 251- Daytime To	elephone number	
tospano @ E-mail address: (fo be used	hotmail. com I for future annual report notification)	

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

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

ARTICLE I The name of the o	NAME corporation shall be: D▷7 FO□	INVESTMENTS CORP
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
	· 	
	4504 NW 18351 Miami GArdens FL 3 300	
	Mami Griden Pt 5 500	
ARTICLE III PU		DIVIS 12 k
The purpose for	which the corporation is organized is:	IAY I
	Cargo Delivery	FILE OF COR
ARTICLE IV	SHARES	H 9: 21
The number of sh		CO
ARTICLE V Name and 7 Address:	INITIAL OFFICERS AND/OR DIRI Title: Tomas Ospin O 721 SW 148 AVE # DANIE FL 33325 President - owne	Name and Title: VP — JUDITH USF 306 Address: 4960 NW 18357 Miami FL 3305
Name and Taddress:	Γitle:	Name and Title: Address:
Name and 7 Address:	Title:	Name and Title: Address:
40000000	DEGIGRADED ACCOUNT	
	REGISTERED AGENT orida street address (P.O. Box NOT accep	able) of the registered agent is:
Name: Address:	Tomas Ospin 721 SW 148 AVE Davie FL 33	#306
ARTICLE VII	INCORPORATOR	
The <u>name and ad</u> Name: Address:	Idress of the Incorporator is: Tomas 05 pi	NO F306
Having been nan	DAVIL FC 33.	process for the above stated corporation at the place designated in
this certificate, I d	am familiar with and accept the appointmer	t as registered agent and agree to act in this capacity
(()~ 0 -	5/8/12
	Required Signature/Registered Ag	ent Date
	ument and affirm that the facts stated he Department of State constitutes a third degr	ein are true. I am aware that the false information submitted in a efelony as provided for in s.817.155, F.S.
. (20	5-8-17

Date

Required Signature/Incorporator