

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BLANCO ACCOUNTING I, INC.
Account Number : I20100000060
Phone : (305) 828-1148
Fax Number : (305) 828-1709

****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
DURAN CARRIER CORP**

Certificate of Status	0
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Corporate Filing Menu

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1/4/2013

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

FILED
13 JAN -4 AM 11:10
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Ps 1/7/13

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 JAN -4 AM 11:10

ARTICLE I NAME

The name of the corporation shall be: **DURAN CARRIER CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address
8994 WEST 24 AVE
HIALEAH FL 33018

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **ALL AND ANY LAWFUL BUSINESS
TRUCKING DELIVERY TRANSPORTATION**

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **MIGUEL A DURAN PRESIDENT**

Address: **8994 WEST 24 AVE
HIALEAH FL 33018**

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: **MIGUEL A DURAN**
Address: **8994 WEST 24 AVE
HIALEAH FL 33018**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **MIGUEL A DURAN**
Address: **8994 WEST 24 AVE
HIALEAH FL 33018**

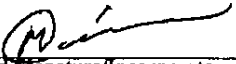
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

01/04/2013

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

01/04/2013

Date