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COVER LETTER

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

JBJECT: CYI	VTHIA RAMIREZ	ATE NAME – MUST INCLI	UDE SUFFIX)
_	inal and one (1) copy of the ar		
\$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
		İ	Status
		ADDITIONAL CO	DV DEALIDED

FROM:	Jeorbis Ramirez Rojas		
	Name (Printed or typed)		
	PO Box 352693		
	Address		
	Miami, FL. 33135		
	City, State & Zip		
	305-290-9042		
	Daytime Telephone number		
	None E-mail address: (to be used 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 NAI	tion shall be: Cynthia Ramirez	Corp	
	NCIPAL OFFICE Principal street address		Mailing address, if different is: OX 352693
Miami, FL: 33	182	Miam	ni, FL. 33135
ARTICLE III PUR The purpose for which t	POSE the corporation is organized is: Transp	ortation Co	ompany
			NOV
			12
			P.
The number of shares of	ARES 1		
			<u>ల</u> బ్ర
	INCOMPRESENTATION PROPERTY PRO	_	Cynthia Pamiroz VD
Name and Title	Jeorbis Ramirez Rojas, Pres	Name and Title	
Address	1048 NW 123 CT 715	_ Address:	1048 NW 123 CT 715
	Miami, FL. 33182	-	Miami, FL. 33182
Name and Title	:	- Name and Title	:
Address		_	
Address		_ / reares	
		-	
Name and Title	·	Name and Title	
Address		_ Address:	

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
ARTICLE VI	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	Jeorbis Ramirez Rojas		
Address:	1048 NW 123 CT 715	-	
713313000	Miami, FL. 33182		
ARTICLE VII	INCORPORATOR		" "
The <u>name and a</u>	ddress of the Incorporator is:	NOV 12	
Name:	Jeorbis Ramirez Rojas	2	
Address:	1048 NW 123 CT 715	-2	7.57
	Miami, FL. 33182	- -	
Having been na this certificate, l	med as registered aftent to accept service of process am familiar will and accept the appointment as reg	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity	,
		11/06/2013	
	Bequired Signature/Registered Agent	Date	
I submit this do document to the	current and affirm that the facts stated herein are Department/pf/soute constitutes a third degree felon	true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.	
	()	11/06/2013	
	Required Signature/Incorporator	Date	