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	Fax Number	: (850)617-6381	변호 <b>목</b>
From:		•	FLORID FLORID
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	<u>`</u> 0₩ .
	Account Number	: I2000000019	習台と
	Phone	: (305)552-5973	
	Fax Number	: (305)220-1440	المسعد

# FLORIDA PROFIT/NON PROFIT CORPORATION H I S TRANSPORT INC

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Florida Department of State

Attention: New Filings Section

To whom it may concern:

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### ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I - NAME

The name of the corporation shall be:

HIS TRANSPORT INC

## ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be: 5414 GREENFIELD ACRES RD
LAKELAND, FL 33810

#### ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

## ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIO O. PUENTES 5414 GREENFIELD ACRES RD LAKELAND, FL 33810

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## ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

MARIO O. PUENTES 5414 GREENPIELD ACRES RD LAKELAND, FL 33810

The undersigned incorporator has executed these Articles of Incorporation this of the second of the

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

MARIO O PUENTES. PRESIDENT 5414 GREENFIELD ACRES RD LAKELAND, PL 33810

KENIA LUGO RAMIRES, VICEPRESIDENT 5414 GREENFIELD ACRES RD LAKELAND, FL 33810

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature