

MAY/08/2014 THU 11:17 AM

FAX No.

P. 001

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
SHORTWAY ENTERPRISES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

14 MAY -8 PM 2:07

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 MAY -8 AM 11:52

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FAX No.

P. 002

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

**ARTICLE I NAME** SHORTWAY ENTERPRISES, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address

6745 SW 53 STREET  
MIAMI, FL 33155

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

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**ARTICLE IV SHARES** SHARES: 100  
The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: YEILEN FLORES (P/S/D) Name and Title: \_\_\_\_\_

Address 6745 SW 53 STREET Address: \_\_\_\_\_  
MIAMI, FL 33155

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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(contd.)

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: YEILEN FLORES  
Address: 6745 SW 53 STREET  
MIAMI, FL 33155

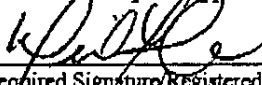
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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: YEILEN FLORES  
Address: 6745 SW 53 STREET  
MIAMI, FL 33155

*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

05-07-2014  
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

05-07-14  
Date