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(((H150000418593)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone Fax Number

: (305)552-5973 : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail	Address:		

## FLORIDA PROFIT/NON PROFIT CORPORATION WAM DELIVERY CORP

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

FEB 1 9 2015

T. SCOTT

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

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ARTICLE I NAME: The name of the corporation is:
WAM DELIVERY CORP
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:  1930 SW 9 ST  Migmi FL 33135
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Walmer Jimenez Reyes (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:  The name and Florida street address (PO Box not acceptable) of the registered agent is:
Walmer Jimenez Reyes
1936 SW 9 ST Miami FL
33135
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Walme Jimenez Reyes
1936 SW 9 ST Miami FL
33135

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## Required Signatures:

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

familiar with and accept the appointment as re in this capacity	gistered agent and agree to ac
Registered Agent	Date
I submit this document and affirm that the fact aware that the false information submitted in a State constitutes a third degree felony as provic	document to the Department
Incorporator	Date