

P15000057666

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000169181 3)))



H150001691813ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

****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
MIAMI CARGO TRANSFER EXPRESS INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 10 AM 9:01

FILED

15 JUL 10 PM 5:04

ARTICLE OF INCORPORATION

ARTICLES OF INCORPORATION

MIAMI CARGO TRANSFER EXPRESS INC.

THE UNDERSIGNED INCORPORATOR (S), FOR THE PURPOSE OF FORMING
A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT,
HEREBY ADOPT (S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I.

THE NAME OF THE CORPORATION SHALL BE:

MIAMI CARGO TRANSFER EXPRESS INC.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:

2301 S.W. 125TH AVENUE

MIRAMAR, FLORIDA 33027

ARTICLE II. NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGED IN OR TRANSACT ANY OR ALL LAWFUL
ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED
STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY
OR NATION.

ARTICLE III. CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE THAT
THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE
TIME IS: ONE THOUSAND DOLLARS (\$1000.00); AT \$ 1.00 PER SHARE-ONE
DOLLAR PAR VALUE.

ARTICLE IV. TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V. OFFICERS DIRECTORS

THE NAME (S) AND STREET ADDRESS (ES) OF THE INITIAL OFFICER (S) AND
DIRECTOR (S), IF ANY WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE

FILED
15 JUL 10 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE OF INCORPORATION
CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSOR (S) IS(ARE) ELECTED,
IS (ARE) :

PRESIDENT: CEDRIC JORDAN
2301 S.W. 125TH AVEUNE
MIRAMAR, FLORIDA 33027

VICE - PRESIDENT:

TREASURY:

SECRETARY:

ARTICLE VI. INCORPORATOR (S)

THE NAME (S) AND STREET ADDRESS (ES) OF THE CORPORATOR (S) TO THIS
ARTICLES OF INCORPORATION IS (ARE):

PRESIDENT: CEDRIC JORDAN
2301 S.W. 125TH AVEUNE
MIRAMAR, FLORIDA 33027

VICE PRESIDENT:

TREASURY:

SECRETARY:

PREPARED BY: BARBARA FOUST
3401 N.W. 202ND STREET
MIAMI GARDENS, FLORIDA 33056-1722
(786) -520-3959

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR (S) HAS (HAVE)
EXECUTED THESE ARTICLES OF INCORPORATION THIS: JULY 03RD, 2015.

SIGNATURE (S) OF THE INCORPORATOR (S)



CEDRIC JORDAN, PRESIDENT

Page 2



BARBARA A. FOUST
MY COMMISSION # EE 150685
EXPIRES: December 10, 2015
Revised This Budget History Services

ARTICLE OF INCORPORATION

CERTIFICATE OF DESIGNATION

REGISTERED AGENT AND REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING
THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

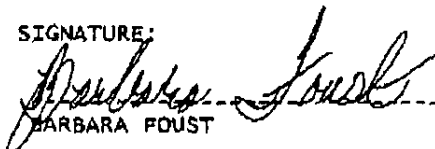
THE NAME OF THE CORPORATION:

MIAMI CARGO TRANSFER EXPRESS INC.

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

BARBARA FOUST
3401 N.W. 202ND STREET
MIAMI GARDENS, FLORIDA 33056
(786) -520-3959

SIGNATURE:



BARBARA FOUST

TITLE: REGISTERED AGENT

DATE: JULY 03RD, 2015

PREPARED BY: BARBARA FOUST
3401 N.W. 202ND STREET
MIAMI GARDENS, FLORIDA 33056-1722
(786) -520-3959

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR (S)
HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS:
JULY 03RD, 2015.

ARTICLE OF INCORPORATION

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION. AT THE PLACE DESIGNATED IN THIS CERTIFICATE.
I HEREBY AGREE TO ACT IN THIS CAPACITY. AND I FURTHER AGREE TO
COMPLY WITH PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER
AND COMPLETE PERFORMANCE OF MY DUTIES.
AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA
STATUTES.

SIGNATURE: _____

Barbara Foust
BARBARA FOUST

DATE: _____

JULY 03RD, 2015

FILED
15 JUL 10 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA