

# P16000038503

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : PADRO AND COMPANY, F.A.  
Account Number : I20050000094  
Phone : (305) 500-9361  
Fax Number : (305) 500-9492

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

Email Address: elizabeth@cargo1ogistics50urce.com

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16 MAY -2 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Carisam Sourcing Corp.**

Certificate of Status	0
Certified Copy	1
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RLH  
5-3-16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be: Carisam Sourcing Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7620 NW - 25 ST  
Suite 10  
Miami, FL 33122

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Freight Forwarding business activities  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 2,500 shares @ 0.01 CENTS

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

Name and Title: Elizabeth Monserrate DP  
Address: 7620 NW 25 ST, Suite 10  
Miami, FL 33122

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

Name and Title: Silvia Lopez DVP  
Address: 7620 NW 25 ST, Suite 10  
Miami, FL 33122

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

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

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

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TALLAHASSEE FLORIDA

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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: Elizabeth Monserrate

Address: 7620 NW 25 ST, Suite 10  
Miami, FL 33122

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Elizabeth Monserrate

Address: 7620 NW 25 ST, Suite 10  
Miami, FL 33122

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

*Elizabeth Monserrate*  
 Required Signature/Registered Agent

5-2-16  
 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.*

*Elizabeth Monserrate*  
 Required Signature/Incorporator

5-2-16  
 Date