

SEP/26/2017 12:14 PM

FAX No.

P. 001/003

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
WCR TRANSPORT INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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SEP 27 2017

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: WCR TRANSPORT INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address20661 SW 125 AVEMIAMI, FL 33177

Mailing address, if different is:

20661 SW 125 AVEMIAMI, FL 33177**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: WILFREDO C. RIVERON (P/S/D)Address: 20661 SW 125 AVEMIAMI, FL 33177

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: WILFREDO C. RIVERON
Address: 20661 SW 125 AVE
MIAMI, FL 33177

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: WILFREDO C. RIVERON
Address: 20661 SW 125 AVE
MIAMI, FL 33177

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 days prior or 90 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

(X) W. Riveron

Required Signature/Registered Agent

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.

(X) W. Riveron

Required Signature/Incorporator

Date