## Florida Department of State Electric ling over Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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Email	Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION PAVON STORM TRANSPORT INC

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Pavon Stori	n Trans	port I	nc		
AF	CTICLE II PRIN	, CIPAL OFFICE	<u>:</u>	CI) _	_
The pri	ncipal street address	and mailing add	ress is:		8107
1130 X	162 5 162. 3	<del>/</del>		を発	83.4
Miani	<i>154.</i> 3	3168			19
			•	- 변설 경	AH
ARTICLE III SHAR	ES: The number of	shares of stock is:	100	- SAGE	9: 53
ARTICLE IV	INITIAL DIREC	CTORS AND/O	R OFFICERS:		
Ruben	molando	Pavon	<b>₽</b> (P	)	
				<del></del>	
					٠.,
				<del></del>	
				<del></del> -	
			<del></del>	<del></del>	
ARTICLE V INITI	AL REGISTERED	AGENT AND S	TRRET ADDRE	19 <b>9</b> .	
The name and Florida stre		<del>-</del>			
Ruben	Bolan		Ravon	,	
1130	NW	142	ST	_	
Miam	F	3	3168	<del></del>	
ARTICLE VI INCOI	RPORATOR: The r	name and address	of the Incorporat	tor is:	
Buber	n Ro	lando	Pavon		
1130	NW	142	St	<del></del>	
Migmi	FL		33/62		

## 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
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.
fincorporator Date