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FILED SECRETARY OF STATE SECRETARY OF STATE SHOULD SECRETARY OF CORPORATIONS



1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994 Email: filing@ecfsfiling.com

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CODDODATION NAME	/c\	0	DOCUMENT	NULNADEDCA	CI.
CORPORATION NAME	(S)	α	DOCOMENT	MOMBERS	ω,

CORPORA	TION NAME(S) & DOCUMENT NUM	BERS(S):	
1. Xliami	Lux Transportati	ion Inc	
(CORPORATE NAME)		UMENT #}	
2.			
(CORPORATE NAME)		(DOCUMENT #)	
3.			
(CORPORATE NAME)	(DOC	UMENT #)	
☐ Walk-In	ck up time: Certified Copy	Certificate Of Status	
New Filings	Amendments	Other Filings	
ofit	Amendments	Annual Report	
on-Profit	Resignation	Fictitious Name	
mited Liability	Dissolution/Withdrawal	Apostille:	
ther:	Other:		
		Other:	

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

The name of the corporat	ion shall be: MIAMI LUX TRANSPOR	TATION INC.	<u> </u>
ARTICLE II PRINC		Mailing address SAME	, if different is:
ARTICLE III PURPO The purpose for which the	DSE ANY AN he corporation is organized is:		
			ECRETAR STON OF C
	ES SHARES: 100 stock is: M. OFFICERS AND/OR DIRECTORS		COFSTATE CORPORATIONS
Name and Title	PAULO FREIRE JR. (PSD)	Name and Title:	
Address	10040 SW 137 PLACE		
	MIAMI, FL 33186		
Name and Title	:	Name and Title:	
Address			
Name and Title	:		
Address			

Name a	nd Title:	Name and Title:	
Addres	ss	Address:	
		· · · · · · · · · · · · · · · · · · ·	
ARTICLE 17 The name and	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	PAULO FREIRE JR		
Address:	10040 SW 137 PLACE		
Address.	MIAMI, FL 33186		18 🕦
			ECRET
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The name and	address of the Incorporator is:		
<u>—</u> .	PAULO FREIRE JR		STATI BRATII
Name: Address:	10040 SW 137 PLACE		10 110113
redices.	MIAMI, FL 33186		
			
ARTICLE VIII	I EFFECTIVE DATE:		
Effective date	if other than the date of filing:	. (OPTIONAL)	ior or 90 days after the
(If an effective filing.)	e date is listed, the date must be specific and	campo de more chan tive days pro	
Note: If the dr	ate inserted in this block does not meet the appl	icable statutory filing requirements.	, this date will not be listed as
the document's	s effective date on the Department of State's re-	cords.	
		Condition by a second assumption	ation at the place decimated in
 Having been n this certificate/. 	named as registered agent to accept service of i	process for the above stated corport t as registered agent and agree to ac	et in this capacity
H	I have the	ノ	
	Required Signature/Registered Age	nt	Date
Leuhmit this z	locument and affirm that the facts stated here		dse information submitted in a
document to the	te Department of State constitutes a third degree	e felony as provided for in s.817.15.	5, F.S.
	III Huston		
Re	quired Signature/Incorporator	<u></u>	Date
	•		