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FLORIDA PROFIT/NON PROFIT CORPORATION
RAFFI TRANSPORTATION DELIVERIES SERVICES CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED
2019 MAR 20 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:RAFFI TRANSPORTATION DELIVERIES SERVICES CORP.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1003 S.W. 4 AVE. APT-5FORT LAUDERDALE FL 33315**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**RAFAEL MELCHOR (President)RECEIVED
SECRETARY OF STATE
ALLAHABAD, FL

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

RAFAEL MELCHOR1003 S.W. 4 AVE. APT-5, FT LAUDERDALE, FL 33315**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:RAFAEL MELCHOR1003 S.W. 4 AVE. APT-5FT. LAUDERDALE, FL 33315

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Raffi Transportation Deliveries Services Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1003 SW 4 AVE APTS FORT LAUDERDALE FL 33315**ARTICLE III SHARES:** The number of shares of stock is: - 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Rafael Melchor (P)SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Rafael Melchor
1003 SW 4 AVE APTS FT LAUDERDALE FL 33315**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Rafael Melchor
1003 SW 4 AVE APTS FT LAUDERDALE FL 33315

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 Agent03-20-19

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.



Incorporator03-20-19

Date

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TALLAHASSEE, FL