

**P19000040314**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I2000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

**Email Address:** \_\_\_\_\_

**FILED**  
**19 MAY 14 AM 11:26**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
SIN FRONTERAS CARGO USA INC**

Certificate of Status	<b>0</b>
Certified Copy	<b>1</b>
Page Count	<b>03</b>
Estimated Charge	<b>\$78.75</b>

2019 MAY 14 PM 3:23

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

19 MAY 14 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME:** The name of the corporation is:

Sin Fronteras Cargo USA Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2365 NW 70 Ave  
Unit C21  
Miami, FL 33122

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Ana Castellanos (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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


Ana Castellanos  
2365 NW 70 Ave, Unit C21  
Miami, FL 33122

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Ana Castellanos  
2365 NW 70 Ave, Unit C21  
Miami, FL 33122

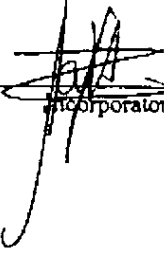
**Required Signatures:**

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

5/14/19  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator

5/14/19  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA