

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : FANJUL CPA, INC.

Account Number : I20130000039

Phone : (305) 603-8791

Fax Number : (877) 503-6086

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
DOLZ TRANSPORT SERVICES CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: DOLZ TRANSPORT SERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
4935 E PALM CTHIALEAH, FL 33013

Mailing address, if different is:

4935 E PALM CTHIALEAH, FL 33013**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ONIL DOLZ-PAddress: 4935 E PALM CTHIALEAH, FL 33013

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: ONIL DOLZ
Address: 4935 E PALM CT
HIALEAH, FL 33013

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ONIL DOLZ
Address: 4935 E PALM CT
HIALEAH, FL 33013

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

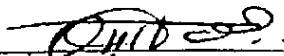


Required Signature/Registered Agent

08-28-2019

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.



Required Signature/Incorporator

08-28-2019

Date