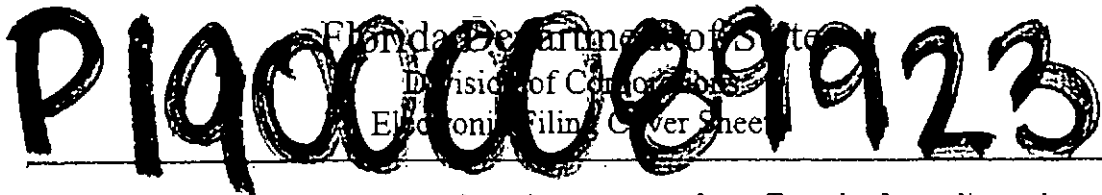


12/6/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000352999 3)))



H190003529993ABCE

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : 12000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

FILED
19 DEC - 6 PM 2:14
CLERK OF STATE
TAMARA S. HARRIS

****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
SHIELD TRANSPORTATION CORP**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$70.00 |

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

ARTICLE I NAME

The name of the corporation shall be:

Shield Transportation Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

26781 SW 127 PL
Homestead FL 3303226781 SW 127 PL
Homestead FL 33032**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Passenger Transport**ARTICLE IV SHARES**

The number of shares of stock is:

100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Yandeivys Marakes (P)

Name and Title:

Address

26781 SW 127 PL
Homestead FL 33032

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

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: Yandelvys Morales
Address: 26781 SW 127 PL
Homestead FL 33032

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19 DEC -6 PM 2:14
DEPARTMENT OF STATE
TALLAHASSEE FL 32310

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Yandelvys Morales
Address: 26781 SW 127 PL
Homestead FL 33032

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

[Signature]
Required Signature/Registered Agent

12/5/2019
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 §817.155, F.S.

[Signature]
Required Signature/Incorporator

12/5/2019
Date