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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
ON FIRE TRANSPORT INC**

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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: ON FIRE TRANSPORT INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
7015 W. 31st AVE
HIALEAH, FL 33018Mailing address, if different is:
7015 W. 31st AVE
HIALEAH, FL 33018**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ALEJANDRO BARROCAS (P)Address 7015 W. 31st AVE
HIALEAH, FL 33018

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF CIRCUIT
JALAHASSEE, FLORIDA

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: ALEJANDRO BARROCAS

Address: 7015 W. 31st AVE

HIALEAH, FL 33018

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ALEJANDRO BARROCAS

Address: 7015 W. 31st AVE

HIALEAH, FL 33018

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STATE OF FLORIDA

TALLAHASSEE, FLORIDA

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*

/s/ Alejandro Barrocas _____

Required Signature/Registered Agent 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.

/s/ Alejandro Barrocas _____

Required Signature/Incorporator Date