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To:

Division of Corporations

Fax Number : (850)617-6381

From:

383

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 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:	āddress:			

## FLORIDA PROFIT/NON PROFIT CORPORATION MARTINEZ TRANSPORTATION SERVICES CORP

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

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

ARTICLE I NAME: The name of the corporation is:
Martinoz Transportation Services corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
9010 5W 137 TH AVE STE 224 MIAMIFI 33180
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Dulce Lopez Fuentes (P)
- · ·
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Duice Lopez Fuentes
9010 Sw 137-th Ave Ste 274 Miami
Fl 33186
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Duice copez fuentes
9010 SW 137th Ave Ste 224 Miami
F1 33186

## Required Signatures:

Having been named as registered agent to accept corporation at the place designated in this certification appointment as registered agent and	ot service of process: for the above stated ficate, I am familian with and accept the l agree to act in this capacity
Negistered Agent	
<b>~</b>	Date
I submit this document and affirm that the facts of the false information submitted in a document to third degree felony as provided for in s.817.155, I	stated herein are true. I am aware that the Department of State constitutes a S.S.
Dloper	•
Incorporator	Date

: .