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Secretary of State  
Division of Corporations  
Corp Records Bureau  
409 E. Gaines St  
Tallahassee, FL 32399

800001400538  
-02/08/95--01083--015  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

ATTENTION: Bobbie Eldridge  
RE: Latin Van Lines, Inc.

Dear Bobbie Eldridge

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$70.00.

This represents the cost of the Filing fees, and Fee for Registered Agent Designation for the above named corporation.

Please return one stamped copy with your letter that states the charter number.

Sincerely,

*Jim Kent*

Jim Kent  
2810 S.W. 122 Ave  
Miami, FL 33175  
305-220-8477

NOTE: WE ARE ENCLOSING A TWO (2) DAY PRIORITY ENVELOPE ADDRESSED AND READY TO MAIL FOR IMMEDIATE RETURN.....PLEASE.

FILED  
95 FEB 9 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION

of

Latin Van Lines, Inc.  
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

Latin Van Lines, Inc.

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One Thousand shares ( 1000 ) of One  
Dollar(s) (\$ 1.00 ) par value Common Stock, which shall be designated "Common Shares."

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>Latin Van Lines, Inc.</u>		
ADDRESS	<u>6144 S.W. 27th ST.</u>		
CITY	<u>Miami</u>	<u>FLORIDA</u>	<u>ZIP 33155</u>

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<u>Manuel J. Rojas</u>		
ADDRESS	<u>6144 S.W. 27th ST.</u>		
CITY	<u>Miami</u>	<u>FLORIDA</u>	<u>ZIP 33155</u>

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have three ( 3 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>Manuel J. Rojas</u>		
ADDRESS	<u>6144 S.W. 27th ST.</u>		
CITY	<u>Miami</u>	<u>STATE FL</u>	<u>ZIP 33155</u>
NAME	<u>Barbara A. Rojas</u>		
ADDRESS	<u>353 West 47th ST. #9D</u>		
CITY	<u>Miami Beach</u>	<u>STATE FL</u>	<u>ZIP 33140</u>
NAME	<u>Edward M. Rojas</u>		
ADDRESS	<u>2970 S.W. 128</u>		
CITY	<u>Miami,</u>	<u>STATE FL</u>	<u>ZIP 33175</u>

FILED  
95 FEB - 9 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Manuel J. Rojas		
ADDRESS	6144 S.W. 27th T.		
CITY	Miami	STATE	FL ZIP 33155
NAME	Barbara A. Rojas		
ADDRESS	353 West 47th ST. #9D		
CITY	Miami Beach	STATE	FL ZIP 33140
NAME	Edward A. Rojas		
ADDRESS	2970 S.W. 128th Ave.		
CITY	Miami	STATE	FL ZIP 33175

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
(Seal)  
\_\_\_\_\_  
(Seal)  
\_\_\_\_\_  
(Seal)

STATE OF FLORIDA )  
COUNTY OF \_\_\_\_\_ ) SS

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

\_\_\_\_\_  
knows to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that \_\_\_\_\_ executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

(Notary Seal)

(Notary Public, State of Florida at Large)

My Commission expires:

**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT**

**OF**

Latin Van Lines, Inc.  
(name of corporation)

FILED  
95 FEB -9 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

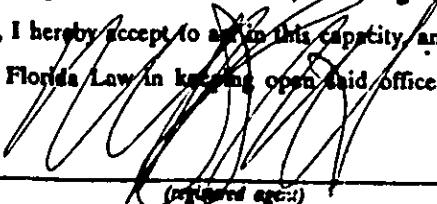
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 6144 S.W. 27th ST.  
Miami, FL 33155

has named Manuel J. Rojas  
located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity and agree to  
comply with the provisions of Florida Law in keeping open said office.

  
(Registered Agent)