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2/01/95

FLORIDA DIVISION OF CORPORATIONS  
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TO: DIVISION OF CORPORATIONS

FROM: MIT PRODUCTS AND SERVICE, INC.

DEPARTMENT OF STATE

6555 NW 36TH ST

STATE OF FLORIDA

SUITE 301

409 EAST GAINES STREET

VIRGINIA GARDENS FL 33166-

TALLAHASSEE, FL 32399

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: DE LEON'S TRANSPORT, INC.

FAX AUDIT NUMBER: H95000001297

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## FLORIDA DEPARTMENT OF STATE

Sandra R. Morham  
Secretary of State

February 1, 1995

HIT PRODUCTS AND SERVICE INC.

VIRGINIA GARDENS, FL.

SUBJECT: DE LEON'S TRANSPORT, INC.

REF: H95000002334

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole  
Corporate Specialist

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Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

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DEPT. OF STATE

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ARTICLES OF INCORPORATION

OF

DE LEON'S TRANSPORT, INC.

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

DE LEON'S TRANSPORT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P.O. BOX 952  
PALMETTO, FLORIDA 34220

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any time is: 1000 SHARES, ONE DOLLAR PAR VALUE PER SHARE.

ARTICLE IV-PREEMPTIVE RIGHTS

Every stockholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which it already holds, shall have the right to purchase his pro rata share thereof, as nearly as may be done without issuance of fractional shares as the price at which it is offered to others.

H95000001297

Prepared by: MIT PRODUCTS & SERVICE, INC.  
6555 N.W. 36th Street Ste. 301  
Miami, Florida 33166

Phone (305) 871-0008

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ARTICLE V-INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent in:

SILVESTRE LEON  
1012-24 AVENUE E  
ELLENTON, FLORIDA 34222

ARTICLE VIINITIAL BOARD OF DIRECTOR

This corporation shall have (1) (one ) director 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. The name and address of the initial director on this corporation is

SILVESTRE LEON  
P.O. BOX 952  
PALMETTO, FLORIDA 34220

ARTICLE VIIOFFICER(S) AND SUBSCRIBER(S)

The officer(s) and subscriber(s) of this corporation is as follow:

SILVESTRE LEON	PRESIDENT/TREASURER/SECRETARY	100 SHARES
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ARTICLE VIII

## INCORPORATOR(S)

The name(n) and street address(es) of the incorporator(n) to these Articles of Incorporation is (are):

SILVESTRE LEON  
P.O. BOX 952  
PALMETTO, FLORIDA 34220

The undersigned has (have) executed these Articles of Incorporation this  
2ND Day of February, 1995



SILVESTRE LEON/INCORPORATOR  
Signature/ Title

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: DE LEON'S TRANSPORT, INC.

2. The name and address of the registered agent and office is:

SILVESTRE LEON  
(NAME)

1012-24 AVENUE E  
(ADDRESS)

ELLENTON, FLORIDA 34222  
(CITY/STATE/ZIP)

SIGNATURE Silvestre Leon

TITLE President

DATE February 02, 1995

FILED  
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TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Silvestre Leon

DATE February 02, 1995

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