

06/23/95 FAS CORPORATE AGENTS (305) 592-9591 . 00

P95000049581

UR PASSWORD. TO ABANDON THIS PROCESS, ENTER 'N'. --CHARGE, PLEASE ENTER YO

6/23/95 FLORIDA DIVISION OF CORPORATIONS 1:23 PM

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((H95000007012))) ELECTRONIC FILING COVER SHEET
TO: DIVISION OF CORPORATIONS FROM: FAS-T CORP. AGENTS, INC.
DEPARTMENT OF STATE 8405 NW 53RD ST
STATE OF FLORIDA SUITE C-100
409 EAST GAINES STREET MIAMI FL 33166- 0000
TALLAHASSEE, FL 32399
FAX: (904) 922-4000 CONTACT: LIDIA FERNANDEZ
PHONE: (305) 599-0839
FAX: (305) 592-9591

((H95000007012))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: MARLIN TRASFER SERVICE, INC.,
FAX AUDIT NUMBER: H95000007012 CURRENT STATUS: REQUESTED
DATE REQUESTED: 06/23/1995 TIME REQUESTED: 13:23:43
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0
NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: \$122.50 ACCOUNT NUMBER: 071001002335

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JUN 26 11:12:18
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State

June 26, 1995

FAS-T CORP. AGENTS, INC.

MIAMI, FL

SUBJECT: MARLIN TRANSFER SERVICE, INC.
REF: W95000012929

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

WHAT IS THE NAME OF THE CITY AND STATE FOR THE PRINCIPAL LOCATION (SEE ARTICLE 1)?

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) 487-6975.

Jerri Weinmann
Document Examiner

FAX Aud. #: W95000007012
Letter Number: 595A00031049

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

RECEIVED
95 JUN 26 AM 10:42
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
OF

MARLIN TRANSFER SERVICE, INC.

H95000007012

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

ARTICLE I. NAME

The name of the corporation shall be: MARLIN TRANSFER SERVICE, INC.

The principal place of business of this corporation shall be: 5209 N.W. 74th Ave. #215
Miami, FL 33166

ARTICLE II. NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 500 at \$1.00 each

ARTICLE IV. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V. OFFICERS/DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Nora M. Flores
(P, VP, S, T, D)

9420 S.W. 61 St. Miami, Florida 33173

Prepared by: Nora Flores
9420 S.W. 61 St.
Miami, FL 33173
(305) 594-9640

H95000007012

ARTICLE VI INCORPORATION(EI) H95000007012

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Nora M. Flores 9420 S.W. 61 St Miami, Florida 33173

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation, this 23rd day of June, 1995

Signature(s) of Incorporator(s)

Nora M. Flores

STATE OF Florida

COUNTY OF Dade

THE FOREGOING instrument was acknowledged and sworn to before me this 23rd day of June, 1995, Nora M. Flores

(Name of Incorporator)

of Marlin Transfer Service, Inc.

(Name of Corporation)

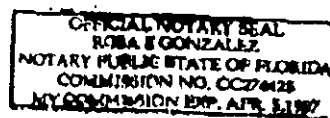
Notary Public

Rosa E. Gonzalez

My Commission Expires: ROSA E. GONZALEZ

(SEAL)

ARTICLES OF INCORPORATION FILING FEE:



H95000007012

H95000007012

**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: KARLIN TRANSFER SERVICE, INC.

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

NORA M. FLORES

(NAME)

9420 S.W. 61 St.

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33173

(CITY/STATE/ZIP)

SIGNATURE *Nora M. Flores*

(corporate officer)

TITLE *President*DATE *6/23/95*

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 *Nora M. Flores*DATE *6/23/95*

REGISTERED AGENT FILING FEE:

H95000007012