POLOCO 1/15/ LAWARUS CORPORATE INDUSTRIES, INC.

890 S.W. 87 AVENUE SUITE: 16
Address

Requestor's Name

MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

	L <u>CROS</u>	<u>5 /</u>	PのカルS oration Name)	TRANS	PORT INC
	2.		oration Name)		Document #)
	3	2017c	oration Name)	(E	Ocument #)
	4(0	orpe	oration Name)	(1)	Pocument #)
	₩alk in	K	Pick up time	2,00	Certified Copy
	Mail out		Will wait	Photocopy	Certificate of Status
district.	NEW FILINGS		WWW KMEN	MENTSWAN	MOUNT
X	Profit		Amendme		
	NonProfit	۱ [Resignatio	n of R.A., Officer/ Dire	ctor
	Limited Liability	11	Change of	Registered Agent	
	Domestication	11	Dissolution	ı/Withdrawal	
	Other][Merger	Par	
	OTHER FILINGS Annual Report	10 To	idiği QVV	v RAVIOVA IIICAVVON	RECEIVED WISION OF CORPORATION 789-502-673-910 290-243-910
	Fictitious Name	1 [Foreign		
	Name Reservation	┪┞	Limited Par	tnership	. 01
		- [Reinstatem		
	•		Trademark		•
	•		Other		•

Examiner's Initials 0135/90



February 1, 1996

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVENUE #16 MIAMI, FL 33174

SUBJECT: CROSSROF 5 TRANSPORT, INC. Ref. Number: W9600002436

We have received your document for CROSSROADS TRANSPORT, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

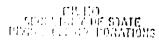
When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Claretha Golden Document Specialist

Letter Number: 496A00004416



ARTICLES OF INCORPORATION 16 FUR -5 PH 4+ 00

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:

CROSSWAYS TRANSPORT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 3560 N.W. 34 Street Miami, FL 33142

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Nora O. Cruz 8201 S.W. 99 Court Miami, FL 33173

ARTICLE V DRPORATOR(S)

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

Hector A. Echeverrin, Promident 521 S.W. 78 Pince Minmit, FL 33144

The und	ersigned incorporator(s) has(have) executed these Articles of Incorporation this
17	day of
	Hotel Etimen
	Signature
	Signature

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE



Pursuant to the provisions of sections 607.0501 or 617.0501, 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: CROSSWAYS TRANSPORT, INC.
2.	The name and address of the registered agent and office is:
	Nora O. Cruz
	(NAME)
	8201 S.W. 99 Court
	(P.O. BOX <u>NOT</u> ACCEPTABLE)
	Miami, FL 331.73
	(CITY/STATE/ZIP)
TH AN PR FC	VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF OCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN IS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT ID AGREE TO ACT IN THIS C. PACITY. I FURTHER AGREE TO COMPLY WITH THE OVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERPRANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.
	SIGNATURE SOLO DUCK.

DATE

1-17-96