RPORATE INDUSTRIES, Requestor's Name 890 S.W. 87 AVENUE SUTTE: 16 MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone // Office Use On LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): @ Dear my nead Carpo (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time _2,00 Walk in Certified Copy Mail out Will wait Certificate of Status **□** Photocopy NEW FILINGS AMENDMENTS 1096-11172 Profit Amendment **NonProfit** Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Dissolution/Withdrawal **Domestication** Other Merger REGISTRATION/ OTHER FILINGS RECEIVED
96 MAY 24 AM 9: 37
DIVISION OF CORPORATION Annual Report Foreign **Fictitious Name** Limited Partnership Name Reservation Reinstatement Trademark

Other

ВN

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Secretary of State

May 24, 1996

LAZARUS 890 S.W. 87TH AVE., SUTIE 16 MIAMI, FL 33174

SUBJECT: ZEPPELIN, CORP. Ref. Number: W96000011172

We have received your document for ZEPPI:LIN, CORP. and your check(s) totaling \$78.75. 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.

Please return your document, along with a copy of this letter, within 60 days or co

Please return your document, according your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Lunt
Corporate Specialist

Letter Number: 596A0002619327ATION

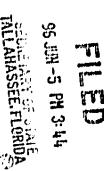
ARTICLES OF INCORPORATION

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 | NAME

The name of the corporation shall be:

SOON EXPRESS CARGO, CORP.



ARTICLE II PRINCIPAL OFFICE

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

8275 S.W. 152 AVE. SUITE: 307 MIAMI, FL. 33193

ARTICLE III SHARES

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

SHARES: 100 PAR VALUE: \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CARLOS LOFFREDO 8275 S.W. 152 AVE. SUITE: 307 MIAMI, FL. 33193

ARTICLE V INCORPORATOR(S)

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

CARLOS LOFFREDO 8275 S.W. 152 AVE. SUTTE: 307 MIAMI, FL. 33193

ARTICLE VI DIRECTOR(S)

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

CARLOS LOFFREDO (P)
NELLY MORA (VP)
8275 S.W. 152 AVE.
SUITE: 307
MIAMI, FL. 33193

on this

Signature

CENTIFICATE C F DESIGNATION BEGISTERED AGENT/BEGISTERED 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.

	THE Hame of the corporation is: SOON EXPRESS CARGO, CORP.	•
2.	The name and address of the registered agent and office is:	•
-	CARLOS LOFFREDO	
	(NAME)	
	8275 S.W. 152 AVE. #307	
	(P.O. BOX NOT ACCEPTABLE)	77
	- 5 × 5	G strains
	MIAMI, FL. 33193	. 1.84
	(CITY/STATE/ZIP)	200
		40.40
HA	VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE O)F
	YYGOO FUICTIE MOYE STALED CORPORATION AT THE DEADE DECIDALATES (4.4
,	IS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGEN ID AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH TH	10-4
	YVISIONS OF ALL STATUTES HELATING TO THE DOODED AND COMPLETE BEI	-
,	RMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.	Ą-
	OF MY POSITION AS REGISTERED AGENT.	
	\mathcal{N}	
	Child.	
	SIGNATURE	~
	DATE	