

LEZAR'S CORPORATE INDUSTRIES, INC.

Requestor's Name

8900 S.W.

Avon Blvd. Suite 16

Address

MIAMI, FLORIDA 33135 (305) 551-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

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

1. AMEZQUIMART TRANSPORT INT, C.A.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

## 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 I NAME

The name of the corporation shall be:

AMEZQUIMART TRANSPORT INT, C.A., *IAC*

### ARTICLE II PRINCIPAL OFFICE

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

MAILING ADDRESS:

EDF. CENTRO CARIBE VARGAS PISO 06 OFC 6--02 CALLE LOS BANOS  
NAIQUETIA MCPO. VARGAS/ VENEZUELA.

PRINCIPAL ADDRESS:

6940 N.W. 12 ST.  
MIAMI, FL 33126

### ARTICLE III SHARES

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

JANE CAROLINA MARTINEZ	40%	SHARES: 100
FRANCY ELENA MARTINEZ	30%	
JOSE LUIS MARTINEZ	30%	

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

QCS CONSOLIDATORS, INC.

6940 NW. 12 St.  
MIAMI FL. 33126

FILED  
97 AUG 28 PM 1:39  
CLERK OF DISTRICT COURT  
JANUARY 1997

**ARTICLE V INCORPORATOR(S)**

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

JANE C. MARTINEZ. PRESIDENTE  
FRANCY E. MARTINEZ. DIRECTOR  
JOSE L. MARTINEZ. DIRECTOR

EDF. CENTRO CARIBE VARGAS PISO 06 OFC 6--02 CALLE LOS BANOS  
NAIQUETIA MCPO. VARGAS/VENEZUELA.

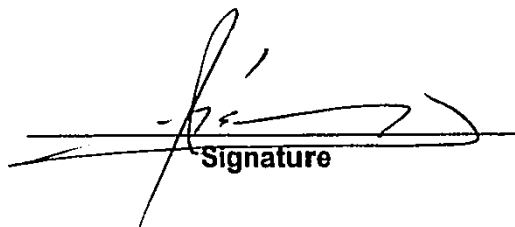
**ARTICLE VI DIRECTOR(S)**

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

(P)JANE C. MARTINEZ  
(D)FRANCY E. MARTINEZ A. V-6499868 / PASSEPORT -0626516.  
(D)JOSE L. MARTINEZ

EDF. CENTRO CARIBE VARGAS PISO 06 OFC 6--02 CALLE LOS BANOS  
NAIQUETTA MCPO. VARGAS?VENEZUELA

**The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 26 day of AUGUST, 19 97.**

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$35**

**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: AMEZQUIMART TRANSPORT INT , C.A. , Inc.
2. The name and address of the registered agent and office is:  
QCS CONSOLIDATORS, INC. 6940 NW 12 ST MIAMI FL 33126  
(NAME)  
6940 NW 12 ST.  
(P.O. BOX NOT ACCEPTABLE)  
MIAMI FL. 33126.  
(CITY/STATE/ZIP)

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

DATE

97 AUG 28 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REGISTERED AGENT FILING FEE: \$35.00