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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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SUBJECT:	EsTra Da Tray	SFORT INC	e suffix)	_
			50000231; -10/03/97- *****70.00	09452 -01004009) *****70.00
Enclosed is an original a	and one(1) copy of the artic	les of incorporation and a	check for :	•
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: _	Angel Estra	(Printed or typed)	·	
-	4747 W.W.	Address APT 300	2	
-	Tom Pa	FC, 33614 ty, State & Zip		
-	Daytim	0-7227 e Telephone number		
MOLENN FOR OB 16 MA 82	19 Marian 190 L6	o recipione number	Jol3/5	1 , X

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The Principle of the Pr
ARTICLE I NAME The name of the corporation shall be: EsTra Da Trans Port, INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 4747 W. Wa Tyvs APT 3001
Tam fa, FC. 336/4 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: Angel EsTraDa 4747 W. Waters Aft 3002 Tamla, FC. 336/4

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Signature/Incorporator

Dote