

LEASAR'S CORPORATE INDUSTRIES, INC.

Requester's Name

90 S.W. 37 AVENUE, SUITE 16

Address

MIAMI, FLORIDA 33171 (305) 552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

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

1. SH TRANSPORT, INC.  
(Corporation Name) (Document #)

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

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

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

FILED  
97 DEC 22 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☒ 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

000002378840--9  
-12/22/97--01045--006  
\*\*\*\*122.50 \*\*\*\*122.50

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"/>	Restatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

REC'D  
97 DEC 22 AM 11:08  
DIVISION OF CORPORATION

Examiner's Initials

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**TRANSMITTAL LETTER**

December 17, 1997

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

SUBJECT: SH TRANSPORT, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 122.50

FROM:

SH TRANSPORT, INC.  
9305 S W 77TH AVENUE, # 431  
Miami, FL 33156

Note: Please provide the original and copy of the articles

**ARTICLES OF INCORPORATION OF**

**SH TRANSPORT, INC.**

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:

**SH TRANSPORT, INC.**

**ARTICLE II PRINCIPAL OFFICE**

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

**9305 S W 77th Avenue # 431, Miami, FI 33156**

**ARTICLE III CAPITAL STOCK**

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

**1000 shares at \$ 1.00 par value**

**ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**Luis Alberto Gonzalez  
9305 S W 77th Avenue # 431  
Miami, FI 33156**

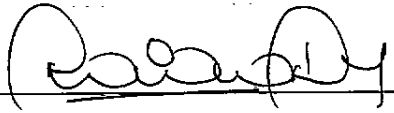
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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE V INCORPORATOR(S)**

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

Luis Alberto Gonzalez  
9305 S W 77th Avenue, # 431  
Miami, FL 33156

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this  
17th day of December, 1997



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**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

Name of the Corporation:

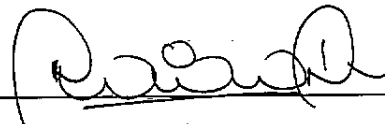
SH TRANSPORT, INC.

Name and address of the registered agent and office is:

Luis Alberto Gonzalez  
9305 S W 77th Avenue, # 431  
Miami, FL 33156

HAVING BEEN NAMED A 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

Dec-18/1997

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97 DEC 22 PM 12:26

**FILED**