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TRANSMITTAL LETTER

Department of S	State
Division of Corr P. O. Box 6327	porations
Taliahassee. FL	22214

SUB.		implicage. Inc.			N. S.	
(Proposed corporate name - must include suffix)						
,						
	osed is an origina	l and one (1) co	py of the articles o	f incorporation	and a check	
for:	\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 / Filing Fee, Certified Copy & Certificate y Required		
	FROM:	Scott V	illanea, Esq.			
	: 07 TE		(printed or typed)	· · · · · · · · · · · · · · · · · · ·		
	PM I	7500 NW 25th St. Suite 209				
	FILED EP 17 PM TARY OF ST IASSEE, FL		Address		3	
	FI SEP WHAS	Migni, f	7_ 33/22			
	98 SECR	Cit	y, State & Zip			
	302-241-1331					
•	. :	Daytime	Telephone number			

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

ARTICLES OF INCORPORATION

ARTICLE I - NAME

The name of the corporation shall be:

Cumplicargo, Inc.

98 SEP 17 PM 1: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - PRINCIPAL OFFICE

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

1740 NW 96th Ave. Miami, FL 33172

ARTICLE III - SALES

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

100,000 SHARES

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ana Lucia Chavarriaga 1740 NW 96th Ave. Miami, FL 33172

ARTICLE V - INCORPORATOR(S)

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

Ana Lucia Chavarriaga 1740 NW 96th Ave. Miami, FL 33172

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 1st day of September, 1998.

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

Ana Lucia Chavarriaga

Notarization is not required

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: <u>CUMPLICARGO</u>. INC.

2. The name and address of the registered agent and office is:

Ana Lucia Chavarriaga 1740 NW 96th Ave. Miami, FL 33172 98 SEP 17 PM 1: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Ana Lucia Chavarriaga (Date)

DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314