P99000005477

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

Tallahassee, FL 32314				
Alpha	of Omega Recovery	and		
SUBJECT:	Toucans	TRANS PORTATI	ons, inc.	<u> </u>
	(Proposed corpor	ate name - must include suit	ix)	
		90	000026841 -11/10/9801 *****78.75	
Enclosed is an original a	and one(1) copy of the article	es of incorporation and a	check for:	ſ
□ \$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: _	Toucans Name (Pr	Transportinted or typed)	tations, Inc	L.
	4491.	Stirling Rd Address	#105	
-	City,	Coud-F1 33 State & Zip	5314 TAKER 99 JA	
-	954- 321 554 Daytime T	O elephone number	ETARY OF A	TILED M 9: 33
mC 99		•	STATE	9: 33

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

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 30, 1998

TOUCAN TOUCAN TRANSPORTATION, INC. 4491 STIRLING ROAD #105 FORT LAUDERDALE, FL 33314

SUBJECT: TOUCAN TOUCAN TRANSPORTATION, INC.

Ref. Number: W98000026653

We have received your document for TOUCAN TOUCAN TRANSPORTATION, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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 a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6923.

Doris McDuffie Corporate Specialist Supervisor

Letter Number: 698A00056632

Ref. Number: W98000026653

ARTICLES	OF	INCORP	ORA	TION
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The undersigned incorporator, for the purpose of forming a corporation under the Floria	ia
Business Corporation Act, hereby adopts the following Articles of Incorporation.	

99 JAN 20 AH 9:33

RTICLE I

SECRETARY OF STATE

The name of the corporation shall be:

alpha & Omega Recovery and Transportation Inc.

ARTICLE II PRINCIPAL OFFICE

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

4491 Stirling Road # 105 Fort Landerdale - Fl 33314

ARTICLE III SHARES

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

100 shares

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

CARMEN L. BOMBACK

4491 Stirling Road #105 Fort Lauderdale Fl- 33314

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Carmen Luisa Bonback (President, Vice-President and Secretar

4491 Stirling Road_#105, Fort Lauderdale- Fl 33314

Signature/Incorporator

for well learn abuse much in 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

Date