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## Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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## To:

Division of Corporations  
Fax Number : (850) 922-4001

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## FLORIDA PROFIT CORPORATION OR P.A.

LEO'S CARRIER &amp; SERVICES, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
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**ARTICLES OF INCORPORATION**

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**OF**

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**LEO'S CARRIER & SERVICES, CORP.**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ARTICLE I**

The name of the corporation is: **LEO'S CARRIER & SERVICES, CORP.**

**ARTICLE II**

The Corporation may engage in or transact in any or in all activity or business permitted under the laws of the United States and of the State of Florida.

**ARTICLE III**

The Corporation is authorized to issue and have outstanding an aggregate number of One Hundred (100) shares of one class of common stock, having a par-value of One ( \$1.00) Dollar per share. This consideration to be paid for each share of stock shall be fixed by the Board of Directors.

**ARTICLE IV**

All shareholders of the Corporation shall be vested with full preemptive rights.

**ARTICLE V**

The Corporation initial Registered Agent and Registered Office in the State of Florida are:

**INITIAL REGISTERED AGENT: LEONARDO VERA**

**INITIAL PRINCIPAL OFFICE : 143 SW 168th Terrace  
and REGISTERED OFFICE PEMBROKE PINES, FL 33027**

Prepared By: Regina Ramirez Accounting  
Westland Executive Office  
1790 W. 49 St., #219  
Hialeah, FL 33012  
Tel: (305) 827-4449

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4 Having been named Initial Registered Agent to accept service of process of the Corporation at the Initial Registered Office designated in these Articles of Incorporation, I hereby accept such and consent to act in this capacity and agree to comply with all the requirements of the law pertaining thereto.

#### *ARTICLE VI*

The number of Directors constituting the Initial Board of Directors of the Corporation is one, the number of Directors may be increased or decreased from time to time by Laws but shall never be less than one.

#### *ARTICLE VII*

The name and address of the members of the Initial Board of Directors is:

Name  
**LEONARDO VERA**

Address  
**143 SW 168th Terrace  
PEMBROKE PINES, FL 33027**

#### *ARTICLE VIII*

The name and addresses of the Incorporators executing these Articles of Incorporation are:

Title/Name  
President :  
**LEONARDO VERA**

100% Shares

Address

**143 SW 168th Terrace  
PEMBROKE PINES, FL 33027**

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**LEONARDO VERA**

ACKNOWLEDGMENT

STATE OF FLORIDA

COUNTY OF MIAMI DADE

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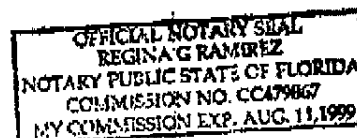
Before a Notary Public authorized to take acknowledgment in the STATE OF FLORIDA and COUNTY OF MIAMI DADE, set forth above, personally appeared LEONARDO VERA to be the person(s) who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have set here unto my hand and seal affixed in the STATE OF FLORIDA, COUNTY OF MIAMI DADE, this 5 day of February, 1999.

  
Notary Public

STATE OF FLORIDA AT LARGE

My commission expires: August 11, 1999



**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Sections 607.0501 and 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: **LEO'S CARRIER & SERVICES, CORP.**
2. The name and addresses of the registered agent and office is:

**LEONARDO VERA  
143 SW 168th Terrace  
PEMBROKE PINES, FL 33027**

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: 2-6-99

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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