Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 roposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : □ \$131.25 \$78.75 **\$122.50** \$70.00 Filing Fee, Filing Fee Filing Fee Filing Fee Certified Copy & Certified Copy & Certificate & Certificate ADDITIONAL COPY REQUIRED (305) 826 - 6571 Daytime Telephone number

MAY 7 - 1999

SHARON

ARTICLES OF INCORPORATION

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:

Uni-Transport, Inc.

ARTICLE II PRINCIPAL OFFICE

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

7191 West 24 th Avenue Apt 49 Hialah, FC 33014

ARTICLE III SHARES

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

100 Shares at \$1.00 Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Alejandro Correa 4191 West 24th Avenue Apt 49 Hialeah, FL 33014

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Alejandro Correa 7191 West 24th Ave Apt 49 Hislah, FC 33014

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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 On - TRansport, The	ALLAHASSE
2.	The name and address of the registered agent and office is: Alejandro ORRO ORRO (NAME) 7/9/ West 24th Avenue At. 49 (P. O. Box or Mail Drop Box NOT ACCEPTABLE)	9: 29 FLORIDA
	Higher FC 33014 (CITY/STATE/ZIP)	

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)