(Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Pick up time 9,00 Walk in Certified Copy Will wait Certificate of Status Mail out Photocopy AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION OTHER FILNGS OUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials CR2E031(9/92)



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 7, 1999

**LAZARUS** 

MIAMI, FL

SUBJECT: THUNDER EXPRESS CORP.

Ref. Number: W99000010765

We have received your document for THUNDER EXPRESS CORP.. However, the document has not been filed and is being returned for the following:

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) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 299A00025207

DEPRRIMENT OF STATE DIVISION OF CURPORATIONS TALL AHESSEE, FLORIDA

PS HAY 10 AN 11:27

BECEIVED

## 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:

Thurse Exposs TRANSport CORP

99 MAY 10 AM (1: 49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

ARTICLE III SHARES

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

25

ARTICLE IV .INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIA D. BEJERAND 443 SW FLAGAMI BLVD. Miami, FL 33144

## ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):
MARIAD. BEJERAND
Julio Rodriguez
P.O. BOX 110178 Higheah, FL 33011  ARTICLE VI DIRECTOR(S)
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):  MARIA D. BETER AND RESIDENT
Julio Rodriguez (U. Paesizent)
P.O. Box 110178 Hialeah, FL 33011
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this day of, 19,

Signature

Articles of Incorporation Filing Fee \$35

## 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.

١.	The name of the corporation is: Winder Capoess TRANSgort
2.	The name and address of the registered agent and office is:
	MARIA D. BETGRANO
	(NAME) O
	445 SW MAGAMI DIVY.
	(P.O. BOX NOT ACCEPTABLE)
	[Man M. 33144-251]
	(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 ASSECULATION OF STAIL OF STAI

REGISTERED AGENT FILING FEE: \$35.00