

OFFICE USE ONLY (Document #)

LEZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305) 552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

600002873806--4

-05/13/98--01058--025

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. COOL BUS TRANSPORTATION, INC.

(Corporation Name)

(Document #)

2. (Corporation Name)

(Document #)

3. (Corporation Name)

(Document #)

4. (Corporation Name)

(Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
99 MAY 13 PM 2:57  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

99 MAY 13 AM 11:36  
DIVISION OF CORPORATION

Examiner's Initials

INCORPORATOR

of the incorporation to them

**ARTICLES OF INCORPORATION**

FILED  
99 MAY 13 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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:

Cool Bus Transportation, Inc.

**ARTICLE II PRICIPAL OFFICE**

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

9264 Grand Canal Drive

Miami, Fl. 33174

**ARTICLE III SHARES**

Signature

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

100

**ARTICLE IV INITIAL REGISTERED AGENT AND SRTEET ADDRESS**

The name and address of the initial registered agent is:

Sisiliam Castillo

9264 Grand Canal Drive

Miami, Fl. 33174

**ARTICLE V INCORPORATOR(S)**

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

Sisiliam Castillo (President)  
9264 Grand Canal Drive  
Miami, Fl. 33174

**ARTICLE VI DIRECTOR(S)**

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

Sisiliam Castillo (President)  
9264 Grand Canal Drive  
Miami, Fl. 33174

**The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 4th day of May, 1999.**



**Signature**

**Signature**

**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.

1. The name of the corporation is: Cool Bus Transportation, Inc.
2. The name and address of the registered agent and office is:  
Sisilaim Castillo  
9264 Grand Canal Drive  
**(NAME)**  
9264 Grand Canal Drive  
**(P.O. BOX NOT ACCEPTABLE)**  
Miami FL. 33174  
**(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 \_\_\_\_\_

5-4-99

DATE \_\_\_\_\_

**FILED**  
99 MAY 13 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REGISTERED AGENT FILING FEE: \$35.00