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Florida Department of State  
Division of Corporations  
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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

99 JUN 24 AM 8:42

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**FLORIDA PROFIT CORPORATION OR P.A.****HIALEAH DELIVERY CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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B. McKnight JUN 25 1999

ARTICLE OF INCORPORATION

OF

HIALEAH DELIVERY CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: HIALEAH DELIVERY CORP.

The principal place of business of this corporation shall be:

1665 W. 68 St. Suite 105  
Hialeah, Florida 33014

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:  $100 \times \$ 10.00 = \$ 1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

ROBERTO MENDEZ

DIRECTOR

17014 NW. 53 PL.  
MIAMI, FL. 33055

**ARTICLE VI INCORPORATOR(S)**

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

ROBERTO MENDEZ

PRESIDENT, SECRETARY & TREASURER

17014 NW. 53 PL.  
MIAMI, FLORIDA 33055

100 shares

The undersigned has(have) executed these Article of Incorporation this 24 th. day of June, 19 99.

  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

**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: \_\_\_\_\_  
HIALEAH DELIVERY CORP.

2. The name and address of the registered agent and office is ROBERTO MENDEZ

(Name)

17014 NW. 53 PL.

(P. O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33055

(CITY/STATE/ZIP)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE \_\_\_\_\_

DATE 06-24-99