

P99000082137

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H99000023168 0)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## 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  
KATHERINE HARRIS  
TALLAHASSEE, FLORIDA

99 SEP 16 AM 8:51

FILED

**FLORIDA PROFIT CORPORATION OR P.A.**  
**COMPLETE DELIVERY INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

**ARTICLE OF INCORPORATION**  
**OF**  
**COMPLETE DELIVERY INC.**

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: COMPLETE DELIVERY INC.

The principal place of business of this corporation shall be:  
7511 NW. 73 ST. Suite 118  
Miami, Florida 33166

**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 x \$ 10.00 = \$ 1,000.00

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

FILED  
99 SEP 16 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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):

ELAYNE M. PEREZ  
7230 W. 15 Ct.  
Hialeah, Fl. 33014

DIRECTOR

**ARTICLE VI INCORPORATOR(S)**

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

ELAYNE M. PEREZ  
7230 W. 15 Ct.  
Hialeah, Fl. 33014

PRESIDENT, SECRETARY & TREASURER  
100 shares

The undersigned has(have) executed these Article of Incorporation this 16 th. day of September, 1999.

  
\_\_\_\_\_  
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: \_\_\_\_\_

COMPLETE DELIVERY INC.

2. The name and address of the registered agent and office

is ELAYNE M. PEREZ  
 (Name)

7230 W. 15 CT.

(P. O. BOX NOT ACCEPTABLE)

Hialeah, Florida 33014

(CITY/STATE/ZIP)

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

99 SEP 16 AM 8:51

FILED

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 *Elayne*

DATE 09-16-99