

P9900085025

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

7000002960447--0  
-08/16/99--01063--002  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: ON TIME TRANSFER  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ORESTES R. MATA.  
Name (Printed or typed)

16565 S.W 100 TERRACE  
Address

MIAMI, FL 33196  
City, State & Zip

(305) 388-0698  
Daytime Telephone number

FILED  
99 SEP 23 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

R. VARNADORE SEP 27 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

August 20, 1999

ORESTES R. MATA  
16565 S.W. 100 TERRACE  
MIAMI, FL 33196

SUBJECT: ON TIME TRANSFER INC.  
Ref. Number: W99000019336

We have received your document for ON TIME TRANSFER INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE NOTE THAT THE CORPORATION CANNOT SERVE AS ITS OWN INCORPORATOR. PLEASE ADD THE INCORPORATORS NAME IN ARTICLE V, AND HAVE THAT PERSON SIGN AS INCORPORATOR IN THE AREA THAT I HIGHLIGHTED.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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) 487-6928.

Michelle Milligan  
Document Specialist

Letter Number: 899A00042003

## ARTICLES OF INCORPORATION

FILED  
99 SEP 23 AM 8:35  
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:

ON TIME TRANSFER INC.

### ARTICLE II PRINCIPAL OFFICE

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

5895 NW 36 STREET - MIAMI, FL 33166

### ARTICLE III SHARES

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

100 STOCKS

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ORESTE R. MATA  
16565 S.W. 100 TERRACE  
MIAMI, FL 33166

ARTICLE V INCORPORATOR(S)

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

ORESTES R MATA  
16565 SW 100 TERRACE  
MIAMI, FL 33196  
(305) 870-0158

ARTICLE VI DIRECTOR(S)

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

ORESTES R. MATA	(PRESIDENT)
RITA MONTEQUIN	(VICE-PRESIDENT)
16565 S.W. 100 TERRACE	
MIAMI, FL 33196	

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 12 day of AUGUST, 1999.

*[Handwritten signature]*

**CERTIFICATION OF DESIGNATION**

**REGISTERED AGENT / REGISTERED OFFICE**

Pursuant 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: ON TIME TRANSFER INC.

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

ORESTES R MATA  
5895 NW 36 STREET - MIAMI, FL 33166

ORESTES R MATA

(NAME)

16565 S.W. 100 TERRACE

(PO. BOX NOT ACCEPTABLE)

MIAMI, FL 33196

(CITY / STATE / ZIP)

FILED  
99 SEP 23 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNED 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 for O. Mata

DATE 8/12/99