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

200003001272--6 -09/30/99--01035--015 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT:	L TRANSPORT			-		
(Pi	roposed corporate	name - must include su	111x}			
		,				
Enclosed is an original	and one (1) cop	y of the articles of	incorporation an	id a che	eck.	
for:						
\$70.00	×78.75	\$122.50	\$131.25			
Filing Fee	Filing Fee	Filing Fee	Filing Fee, Certified Copy		-	
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		ne Telephone number		STATE LORIDA	23	
	Daytin	te Leichtione troumer		$\rightarrow$		

OSAL TRANSPORT CORP

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

Please return the Articles to the address above.

Thanks.

# ARTICLES OF INCORPORATION

<u>of</u>

99 SEP 30 PH 4: 23
SECRETARY UF STATE
TALLAHASSEE, FLORIDA

### OSAL TRANSPORT CORP

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:

OSAL TRANSPORT CORP

ARTICLE II PRINCIPAL OFFICE

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

6915 W 2ND CT HIALEAH, FL 33014

ARTICLE III CAPITAL STOCK

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

One Hundred ( 100 ) Shares Of Common Stock

ARTICLE IV REGISTERED AGENT AND STREET ADDRESS:

The name and address of the initial registered agent is:

OSCAR SALMERON 6915 W 2ND CT HIALEAH, FL. 33014

# ARTICLE V INCORPORATOR(S)

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

OSCAR SALMERON 6915 W 2ND CT HIALEAH, FL. 33014

The undersigned incorporator(s) has(have) executed these Articles Of Incorporation this

 13TH	day of	SEPTEMBER	1999 
lee	won	ر	
 OSCAR	SALMERON,	PRESIDENT	



# CERTIFICATE OF DESIGNATION OF

## REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501 FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1 •	The n	ame	OI	tne	corpo	DIACTON	Tp:					
					OSAL	TRANSP	ORT CO	RP	-	·	. <u>.</u>	
2.	The n is:	ame	and	l ado	dress	of the	regis	tered	l agent	and	offic	е
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						( NAM	E )		= -		÷	
					691	5 W 2ND	CT					
					( P (	O BOX n	ot acc	eptak	ole )			
					HIA	LEAH FI	3301	4				
					(	City/S	tate/	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 of 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 and accept the obligations of my position as registered agent.

Alleron

OSCAR SALMERON