Rec	uestor's Name	188602	
	Address	() Niveyo	
J. ROSA & ASSO 7310 W. MCNAE TAMARAC, FL 3	OCIATES, INC	Office Use Only	
CORPORATION 1	NAME(S) & DOCUMEN	T NUMBER(S), (if known):	
1. (Corpo	ration Name)	(Document #)	± s=
	ration Name)	(Document #) 900003004589—3	ाः प्राणसङ्ग्रहेत
(Corpo	ration Name)	_10/04/3901116001 (Document #) #****78.80 *****70.00	
4. (Corpo	ration Name)	(Document #)	
Walk in  Mail out	Pick up time Will wait Phot	Certified Copy  Ocopy Certificate of Status	
NEW FILINGS	AMENDMENTS	TAL St.	- -
Profit	Amendment	ECR. CO	_ =:
NonProfit	Resignation of R.A., Offi	icer/ Director	
Limited Liability	Change of Registered Ag	ent Sin	
Domestication	Dissolution/Withdrawal		-
Other	Merger	9: 55 STATE	
OTHER FILINGS Annual Report	REGISTRATIO QUALIFICATIO	N.	
Fictitious Name	Foreign		
Name Reservation	Limited Partnership		

<u> </u>	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Examiner's Initials

CR2E031(1/95)

99 OCT -6 AM 9:55

SECINE WAY OF STATE
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION OF

WYANDANCH TRUCKING, INC.

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

ARTICLE I NAME
The name of the corporation shall be:
WYANDANCH TRUCKING, INC.

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

6831 SW 17th ST. POMPANO BEACH, FL 33068

ARTICLE III CAPITAL STOCK
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
The name and address of the initial registered agent is:

MAGDALENA TORRES 6831 SW 17 ST POMPANO BEACH, FL 33068

## ARTICLE V -INCORPORATORS

Incorpora				person	(2) Sigi	nng mes	Afficies of	
	JUAN					÷		
Address				53		=	g.	
			ERDAL.		FL	Zip_	33359	
Name			IA TORI	RES				
Address	6831	SW	17 ST		-	-		
City	POME	ANO	BEACH	State	FL	Zip_	33068	
Name								
Address								<del></del>
City				_State		Zip_		
STATE COUN Before	rticles E OF TY OF	of Inc	ry Public	SS author	da	y of 10	iber (s) have ), 199 9. (Se. Sona (Se. (Se.	al) al)
know	n to me	e and	known to	be the	e perso	n (s) who	executed the	e foregoing
exect	uted th	ese Ai	rticles of	Incorp	o ackno oration	owieaged L	l before me t	nat
IN W in the	/ITNE:	SS Wi and C	ounty af	oresaid	l, this	dayo	ted my hand f, 199 SW JOW lorida at larg	-inles
(Nota	гу Seal	)						

My Commission expires:

MICHELLE ROSA-GONZALEZ MY COMMISSION # CC 737366 EXPIRES: April 26, 2002

	•	
B. Officers:		
President:	JUAN TORRES	•
Address:	P.O. BOX 590253	
•	FT. LAUDERDALE. FT. 33359	
		- "
Vice President:	MAGDALENA TORRES	
Address:	6831 SW 17 ST.	
	POMPANO BEACH, FL 33068	,
Secretary:	MAGDALENA TORRES	<u> </u>
Address:	6831 SW 17 ST	
,	POMPANO BEACH, FL 33068	
Treasurer:	-JUAN TORRES	
Address:	P.O. BOX 590253	****
	FT. LAUDERDALE, FL 33359	
(If needed, you	may attach an addendum to the application listing	
	may attach an addendum to the application listing	
additional offic	ers and/or directors.)	
10 N	Character 11 Company	
IU. Name and	Street address of Florida registered agent:	
	Nomes to an an an	
Office A	Name: MAGDALENA TORRES Address: 6831 SW 17 ST	
Office P	POMAPANO BEACH, FL 33068	· ——
	the state of the s	
11 Danistanad	City Zip Code	
11. Registered	agent's acceptance:	
TT! 1		
	en named as registered agent and to accept service	
	for the above stated corporation at the place designated	
in this app	lication, I hereby accept the appointment as registered agent	
	to comply with the provisions of all statutes relative to the proper	
	ete performance of my duties, and I am familiar with and accept	
	ions of my position as registered agent.	
	agent's signature: Magdalora bons	
12. Attached is	s a certificate of existence duly authenticated, not more than	
90 days pr	rior to delivery of this application to the Department of State,	
by the sec	eretary of State or other official having custody of corporate	
records in	the jurisdiction under the law of which it is incorporated.	
13. Juan	SCI III	
	of Chairman, Vice Chairman, or any officer listed in number 9	
of the app	,	
	JUAN TORRES, PRESIDENT/TREASURER	
- (Na	me and capacity of person signing application)	

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

99 OCT - 6 AM 9: 55

TALLAHASSEE, FLORIE

Pursuant to the provisions of section 607.0501, 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.

The name and address of the regis	stered agent and office is:	
MAGDALENA TORRES	••	
(Name) 6831 SW 17 STREET	-	
(P.O. Box NOT ac	ceptable)	
POMPANO BEACH, FL	33068	
(City/State/Zip)	_	
Signa	ature <u>Magdalona</u>	Ye
ŋ	Title VP/SECRETARY	
	1 100	
•	Date 10/1/99	

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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature Magdalara Torres

Date 10/1/99

REGISTERED AGENT FILING FEE: \$35.00