office t LAZARU (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Document #) (Document #) (Corporation Name) (Document #) Pick up time Walk in Certified Copy Will wait Mail out Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS 20000030225**42--**10/22/99--01078--024 QUALIFICATION. Annual Report 海洋导等等70。75 埃蒂泰康东78、75 Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark \ Other Examiner's Initials

CR2E031(9/92)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 22, 1999

LAZARUS

MIAMI, FL

SUBJECT: MEGA FREIGHT, INC, Ref. Number: W99000024419

We have received your document for MEGA FREIGHT, INC,. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 499A00050979

ARTICLES OF INCORPORATION

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 | NAME

The name of the corporation shall be:

MEGA FREIGHT International, INSTALL 28

ARTICLE II PRINCIPAL OFFICE

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

8437 N.W. 68 ST. MIAMI- FLA. 33/66

ARTICLE III SHARES

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

1,000 SHARES @ 1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

REINALDO SANCHEZ 42 N.W. 74 AVE. MIAMI- FLA. 33126

ARTICLE V INCORPORATOR(S)

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

REINALDO SANCHEZ (PRESIDENT)
42 N.W. 74 AVE. INTO
MIAMI- FLA. 33/26

100 % SHAREHOLDER

ARTICLE VI DIRECTOR(S)

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

REINALDO SANCHEZ 42 N.W. 74 AVE. MIAMI- FLA. 33126

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this ______ day of _____ CCTOBEN______, 19_99_.

Signature
Signature

Articles of Incorporation

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: MEGA FREIGHT:
2.	The name and address of the registered agent and office is:
	REINALDO SANCHEZ
	(NAME)
	42 N.W. 74 AVE.
	(P.O. BOX <u>NOT</u> ACCEPTABLE)
	MIAMI- FLA. 33/26
	(CITY/STATE/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 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.

DATE 10-20-9