

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. RIGHT ON TIME EXPRESS CORP.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

FILED  
99 DEC 21 PM 12:25  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

**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 I NAME**

The name of the corporation shall be:

RIGHT ON TIME EXPRESS CORP.

**ARTICLE II PRINCIPAL OFFICE**

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

5670 N.W. 116 Ave. #215, MIAMI, FLORIDA 33178

**ARTICLE III SHARES**

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

100 (one hundred) shares \$1.00 (one dollar) par value

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

OTTO BARQUERO-5670 N.W. 116 Ave. # 215, Miami.Fl. 33178

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TALLAHASSEE FLORIDA

**ARTICLE V INCORPORATOR(S)**

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

**ROLANDO L. PUENTE**  
1558 S.W. 187 Ave.  
Pembroke Pines, Fl. 33029

**OTTO BARQUERO**  
5670 NW. 116 Ave. # 215  
Miami, Fl. 33178

**ARTICLE VI DIRECTOR(S)**

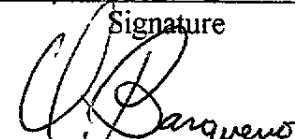
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

**ROLANDO L. PUENTE-President-Treasurer-Director**  
1558 SW. 187 Ave. Pembroke Pines, Fl. 33029

**OTTO BARQUERO-Vice President-Secretary-Director**  
5670 NW. 116. Ave. # 215, Miami, Fl. 33178

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 20th day of DECEMBER, 1999.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

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

\_\_\_\_\_  
**OTTO BARQUERO**  
(NAME)

\_\_\_\_\_  
**5670 N.W. 116 Ave. # 215**  
(P.O. BOX NOT ACCEPTABLE)

\_\_\_\_\_  
**MIAMI FLORIDA 33178**  
(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 POSITIONS AS REGISTERED AGENT.

SIGNATURE \_\_\_\_\_

DATE DECEMBER 20-1999

*O. Barquero*

**FILED**  
**99 DEC 21 PM 12:25**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REGISTERED AGENT FILING