

P24000001932

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000014876 3)))



H240000148763ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : 120000000019
 Phone : (305)552-5973
 Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
 1 TRANSPORT ENTERPRISE INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2024 JAN 10 PM 4:39

STATE OF FLORIDA
 TALLAHASSEE, FL

2024 JAN -8 PM 3:17

FILED

209

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

1 TRANSPORT ENTERPRISE INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

9270 SW 15 ST MIAMI FL 33174

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Yusniel Aguilera Torres (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Yusniel Aguilera Torres
9270 SW 15ST MIAMI FL 33174

FLORIDA SECRETARY OF STATE
TALLAHASSEE, FL

2024 JAN - 8 PM 3: 17


FILED

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Yusniel Aguilera Torres
9270 SW 15ST MIAMI FL 33174

Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent _____ Date _____

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Incorporator _____ Date _____

2024 JAN - 8 PM 3: 17
STATE OF FLORIDA
TALLAHASSEE, FL

FILED