

P16000023423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

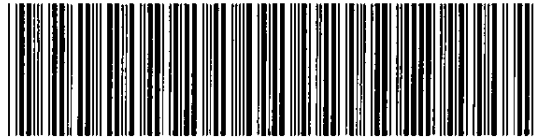
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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HONORARY
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SUPERINTENDENT OF FINANCE

APPROVED
AND
FILED
16 MAR 16 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03-16-10
WI

COVER LETTER

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

SUBJECT: BoriMex Transportation Inc

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: BoriMex Transportation Inc

Name (Printed or typed)

241 Ruby Ave, Suite 206

Address

Kissimmee, FL 34741

City, State & Zip

321-442-1284

Daytime Telephone number

borimex16@gmail.com

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: BoriMex Transportation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:

241 Ruby Ave _____

Suite 206 _____

Kissimmee Fl 34741 _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Transportation Company(taxi)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Noe Rosas Lopez - President</u>	Name and Title:	<u>Gilberto Rosas Lopez - Vice President</u>
Address	<u>2514 Volta Cir</u>	Address:	<u>2514 Volta Cir</u>
	<u>Kissimmee, Fl 34746</u>		<u>Kissimmee, Fl 34746</u>

Name and Title:	<u>Carmen N. Rosas - Secretary</u>	Name and Title:	<u>Brisia Rosas - Treasurer</u>
Address	<u>2514 Volta Cir</u>	Address:	<u>2514 Volta Cir</u>
	<u>Kissimmee, Florida 34746</u>		<u>Kissimmee, Fl 34746</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Carmen N. Rosas
Address: 2514 Volta Cir
Kissimmee, Fl 34746

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Carmen N. Rosas
Address: 241 Ruby Ave Suite 206
Kissimmee, Fl 34741

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AND
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TALLAHASSEE, FLORIDA

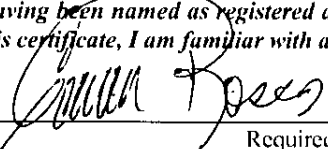
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

3-16-2016
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.


Required Signature/Incorporator

3-16-2016
Date