

P00002056754

TRANSMITTAL LETTER

FILED

00 JUN -5 AM 10: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Total Translation & Transportation, Inc. - T3, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

4000003276744--0
-06/05/00--01095--021
*****78.75 *****78.75

Enclosed is 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: Chenel Pierre
Name (Printed or typed)

P.O. Box 2834
Address

Immokalee, FL 34143
City, State & Zip

941 657 5213
Daytime Telephone number

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

No copy
P. 6/13/00

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:

Total Translation & Transportation, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

573 N 9th St, Immokalee, FL 34142 /
P.O. Box 2834, Immokalee, FL 34143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transport and translate for patients, Clients
and the general public in need.

ARTICLE IV SHARES

The number of shares of stock is:

100 (One hundred)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Chenel Pierre
573 N 9th St, Immokalee, FL 34142
Marcel M. Charles, 203 W. Main St, Immokalee, FL 34142

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Chenel Pierre
573 N 9th Street
Immokalee, FL 34142

ARTICLE VII INCORPORATOR

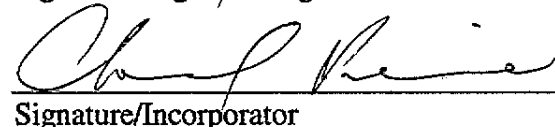
The name and address of the Incorporator is:

Chenel Pierre
P.O. Box 2834
Immokalee, FL 34143

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


Signature/Registered Agent

5/25/00
Date


Signature/Incorporator

5/25/00
Date

FILED
00 JUN -5 AM 10: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA