

TRANSMITTAL LETTER

P010000018028

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

FILED  
01 FEB 16 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: ABC CARGO & SERVICES, INC.  
(Proposed corporate name - must include suffix)

700003708137--2  
-02/16/01--01131--006  
\*\*\*\*\*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: MIMI TEN  
Name (Printed or typed)  
6989 NW 82nd AVENUE, MIAMI, FLORIDA 33166  
Address  
MIAMI, FLORIDA 33166  
City, State & Zip  
(305) 499-9934  
Daytime Telephone number

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:

ABC CARGO & SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6989 NW 82nd AVENUE, MIAMI, , FLORIDA 33166

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE CARGO DELIVERY AND FREIGHT FORWARDED SERVICES FOR PROFIT

**ARTICLE IV SHARES**

The number of shares of stock is:

500 COMMON

**ARTICLE V INITIAL OFFICERS/DIRECTORS**

The name(s) and address(es):

PRESIDENT: MIMI TEN

SECRETARY: MIMI TEN

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address registered agent are:

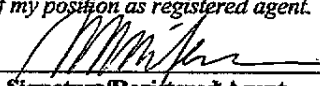
MIMI TEN, 6989 NW 82nd AVENUE, MIAMI, FLORIDA, 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator are:

MIMI TEN, 6989 NW 82nd AVENUE, MIAMI, FLORIDA 33166

\*\*\*\*\*  
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/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

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