# 804000012262

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				





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# TRANSMITTAL LETTER

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

SUBJECT:	Adriatic Transportation Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUSTINGE</u>	uppsuppx)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED	
FROM:		o Mascarucci (Printed or typed)		
		onehurst Circle Address		
	Kissimmee, FI 34741  City, State & Zip			
	407 9	073 4100		
	Daytime Telephone number			

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



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 5, 2004

MARIO MASCARUCCI 3177 STONEHURST CIR KISSIMMEE, FL 34741

SUBJECT: ADRIATIC TRANSPORTATION, INC.

Ref. Number: W04000000280

We have received your document for ADRIATIC TRANSPORTATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2004 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6884.

Letter Number: 804A00000333

Shawn Logan Document Specialist New Filings Section

Division of Cornerations - P.O. ROX 6327 - Tallahassee Florida 3231

# 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:

Adriatic Transportation Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3177 Stonehurst Circle Kissimmee Fi 34741

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transportation

## ARTICLE IV SHARES

The number of shares of stock is:

200 shares at one dollar per share

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Mario Mascarucci - Owner Carmen Pacello - Director 3177 Stonehurst Circle Kissimmee FI 34741

## ARTICLE VI REGISTERED AGENT

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

Mario Msacrucci 3177 Stonehurst Circle Kissimmee Fl 34741

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mario Mascarucci 3177 Stomehurst Circle Kissimmee Fl 34741

***********	***********
Having been named as registered agent to accept service of process for the abov certificate, I am familiar with and accept the appointment as registered agent and	
More	1-12-04
Signature/Registered Agent	Date