

PO4000153297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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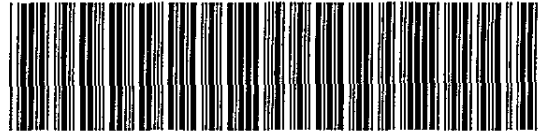
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 NOV -5 PM 3:26

## TRANSMITTAL LETTER

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

SUBJECT: TRANSSCOM 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: AIMOND ALEXIS  
Name (Printed or typed)

P.O.Box 811731  
Address

BOCA RATON FL 33481  
City, State & Zip

(561) 906-4595  
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)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE I NAME**

The name of the corporation shall be:

TRANSSCOM Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

208 SE 2nd Street  
Delray Beach Fl 33444

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to conduct business by providing services to the people in the order of buying and selling goods.

**ARTICLE IV SHARES**

The number of shares of stock is:

2,000 (two thousands)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

EDZER LUBERISSE	313 SW 1st Ave Delray Beach FL 33444	Director of Operations
AIMOND ALEXIS	4549 Emerald Vista Apt #208 Lake Worth FL 33461	Director of Logistics

**ARTICLE VI REGISTERED AGENT**

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

EDZER LUBERISSE 313 SW 1st Ave Delray Beach FL 33444

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

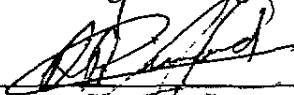
AIMOND ALEXIS 4549 Emerald Vista Apt #208 Lake Worth FL 33461

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*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

11/01/04  
\_\_\_\_\_  
Date

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

11/01/04  
\_\_\_\_\_  
Date