

P05000011758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

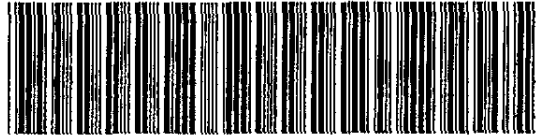
(Business Entity Name)

(Document Number)

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

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05 JAN 18 PM 3:09  
SECURITY  
TALLAHASSEE, FL 32304

1/24/05  
SP

## TRANSMITTAL LETTER

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

SUBJECT: RESTO TRANS 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: HECTOR RESTO  
Name (Printed or typed)

13001 PRAIRIE MEADOWS DR  
Address

ORLANDO, FL 32837  
City, State & Zip

321 229-4905  
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:

RESTO TRANS INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P O BOX 771183  
ORLANDO FL 32837

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
TRUCKING AND TRANSPORTING

## ARTICLE IV SHARES

The number of shares of stock is:  
ONE

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

HECTOR RESTO  
13001 PRAIRIE MEADOWS DR  
ORLANDO FL 32837

OWNER

## ARTICLE VI REGISTERED AGENT

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

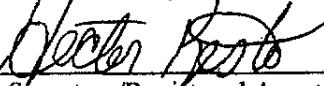
HECTOR RESTO  
13001 PRAIRIE MEADOWS DR  
ORLANDO FL 32837

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


HECTOR RESTO  
13001 PRAIRIE MEADOWS DR  
ORLANDO FL 32837

\*\*\*\*\*  
*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

1/12/05

\_\_\_\_\_  
Date

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

1/12/05

\_\_\_\_\_  
Date

FILED  
05 JAN 18 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA