

# 905000109752

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# TRANSMITTAL LETTER

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

SUBJECT: DMD T	RANSPORT INC		
-	(PROPOSED CORPORA	TENAME - MUSTINCL	UDESU(181X)
Enclosed are an orig	rinal and one (1) copy of the art	icles 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	
		<u> </u>	
FROM: DIE	EGO F VARGAS		
	Name	(Printed or typed)	
	5567 SUNCREEK COURT		
•		Address	
(	ORLANDO,FLORIDA 32839		
	City	, State & Zip	
	(201) 481-5335		
	Daytime '	elephone 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)

## <u>ARTICLE I NAME</u>

The name of the corporation shall be:

DMD TRANSPORT, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5567 SUNCREEK COURT ORLANDO, FLORIDA 32839

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TRANSPORTATION

#### ARTICLE IV SHARES

The number of shares of stock is: 100

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

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

#### ARTICLE VI REGISTERED AGENT

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

DIEGO F VARGAS 5567 SUNCREEK CT. ORLANDO, FL. 32839

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DIEGO F VARGAS 5567 SUNCREEK CT. ORLANDO, FL. 32839 @ 100% EQUITY OWNERSHIP

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

Duly F Varyon

Signature/Registered Agent

Date

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