

P05000126183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

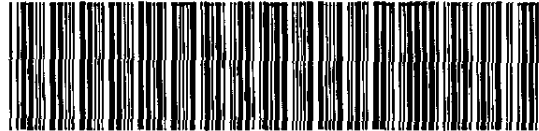
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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09/14/05--01023--017 \*\*122.50

FILED  
05 SEP 14 PM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.S. 9-15

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

Re: Armor Transport, Inc.

To Whom It May Concern:

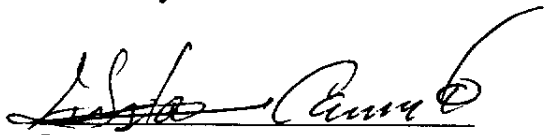
I am enclosing an original and one copy of the Articles of Incorporation for the above-proposed Corporation. [I reserved the above corporate name with your office pursuant to reservation #]\_\_\_\_\_, dated 09/09/2005.

Also enclosed is a check/money order in the amount of \$122.50 for payment of the following fees:

Filing Fee	\$ 35.00
Certified copy fee	52.50
Registered Agent fee	35.00
Charter Tax	<u>00.00</u>
 TOTAL	 \$122.50

Please file the original articles and return the certified copy to me at the above address:

Sincerely

  
Incorporator  
Gustavo Camacho

**ARTICLES OF INCORPORATION  
OF  
ARMOR TRANSPORT, INC.**

FILED  
05 SEP 14 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- ONE: The name of the Corporation is Armor Transport, Inc.
- TWO: The duration of the Corporation shall be perpetual.
- THREE: The address of the Corporation is: 6152 Oak Shore Dr.  
St. Cloud, Florida 34771
- FOUR: The general purpose or purposes for which this Corporation is being formed is/are to operate a General Freight Transportation Company, including Local and Long-distance, consulting and all other activities for which Corporation may be incorporated under Chapter 607 of the Florida statutes.
- FIVE: The aggregate number of shares, which the Corporation shall have authority to issue, is:
- One Thousand (1,000) common shares having a value of \$1.00 per share.
- SIX: The registered agent and the street address of the initial registered office of the Corporation in the State of Florida is:

Name

Address

Gustavo Camacho

6152 Oak Shore Drive  
St. Cloud, Florida, 34771

*He.*

SEVEN: The number of directors/officers constituting the initial Board of Directors is/are 2 and the name and address of each person who is to serve as a member thereof is as follows:

<u>Name</u>	<u>Address</u>
Gustavo Camacho President	6152 Oak Shore Drive St. Cloud, Florida 34771
Carmen Camacho Vice President	6152 Oak Shore Dr. St. Cloud, Florida 34771

EIGHT: The name and address of the Sole Incorporator is:

<u>Name</u>	<u>Address</u>
Gustavo Camacho	6152 Oak Shore Dr. St. Cloud, Florida 34771

The internal affairs of the Corporation shall be governed by the By-Laws of the Corporation, which shall be adopted at first meeting of the Board of Directors.

NINE: The names and street addresses and the number of shares subscribed to by the subscribers hereto, who are also members of the first Board of Directors and who are to conduct the Business of the Corporation until those elected at the organizational meeting are:

<u>Name</u>	<u>Shares</u>
Gustavo Camacho 6152 Oak Shore Drive St. Cloud, Florida 34771	500 Shares
Carmen Camacho 6152 Oak Shore Drive St. Cloud, Florida 34771	500 Shares

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TALLAHASSEE, FLORIDA

.....  
*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

09-09-05  
Date

  
Signature/Incorporator

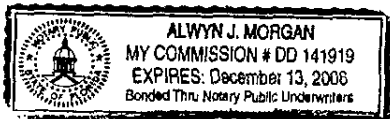
09-09-05  
Date

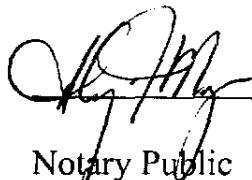
**STATE OF FLORIDA**

**COUNTY OF SEMINOLE**

**I, HEREBY CERTIFY** that on this day, before me, a Notary Public authorized in the State and County named above to take acknowledgments, personally appeared to me known to be the person, Gustavo Camacho, as the subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he/she subscribed to those Articles of Incorporation.

**WITNESS** my hand and official seal in the County and State named above this 10<sup>th</sup> day of SEPTEMBER, 2005.





Notary Public

My commission expires: 12/13/2006



Personally Known \_\_\_\_\_  
Identification FLORIDA DRIVERS LICENSE