

POS000163768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

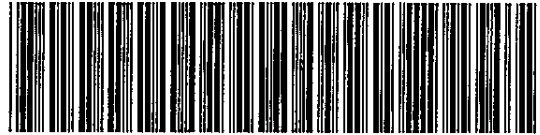
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-16-05
206

COVER LETTER

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

SUBJECT: A. L. M. TRANSPORT, 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: LAZARO QUINTANA.
Name (Printed or typed)

16107 SW 154 CT
Address

MIAMI, FL 33187
City, State & Zip

305-259-8219
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:

A. L. M. TRANSPORT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

16107 SW 154 CT
MIAMI, FL 33187

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TRANSACT ANY AND ALL BUSINESS permitted under the
LAWS OF THE UNITED STATES OF America and the State OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES of COMMON STOCK at \$1.00 PAR VALUE.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LAZARO QUINTANA, PRESIDENT
16107 SW 154 CT
MIAMI, FL 33187

ARTICLE VI REGISTERED AGENT

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

LAZARO QUINTANA
16107 SW 154 CT
MIAMI, FL 33187

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LAZARO QUINTANA
16107 SW 154 CT
MIAMI, FL 33187

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


Signature/Incorporator

FILED
2005 DEC 15 A 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/12/5
Date

12/12/5
Date