P08000049400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

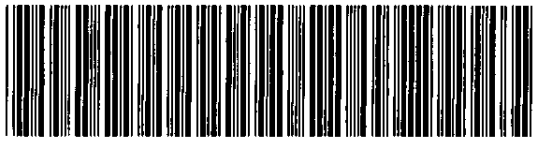
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900129583039

05/16/08--01017--005 **70.00

FILED
08 MAY 16 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MP 5/16

COVER LETTER

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

SUBJECT: Orlando MTS.COM 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: Lovens Joseph
Name (Printed or typed)

6800 Villa de Costa Drive Suite 202
Address

Orlando FL 32821
City, State & Zip

407-218-1381
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

FILED

08 MAY 16 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Orlando MTS.COM Inc

ARTICLE II PRINCIPAL OFFICE

The principle **street** address and mailing address, if different is:

6800 Villa de Costa Drive, Suite 202
Orlando FL 32821

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

a Transportation service

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):

Lovens Joseph, President
6800 Villa de Costa Drive, Suite 202
Orlando FL 32821

ARTICLE VI REGISTERED AGENT

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

Lovens Joseph
6800 Villa de Costa Drive, Suite 202
Orlando FL 32821

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Lovens Joseph
6800 Villa de Costa Drive, Suite 202
Orlando FL 32821

****

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 — Date: 4/21/2008

Signature/Incorporator — Date: 4/21/2008