

P09000015041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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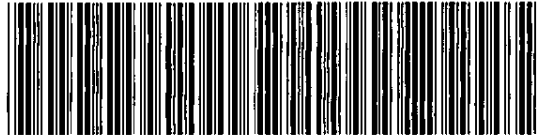
(Business Entity Name)

(Document Number)

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2009 FEB 16 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch FEB 17 2009

COVER LETTER

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

SUBJECT: PLACERES TRANSPORT, CORP.

(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: LEYANES PLACERES

Name (Printed or typed)

13861 SW 14 ST

Address

MIAMI, FL. 33184

City, State & Zip

786-399-7989

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:

PLACERES TRANSPORT, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

LEYANES PLACERES
13861 SW 14 ST
MIAMI, FL. 33184

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PASSENGER 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):

LEYANES PLACERES
13861 SW 14 ST
MIAMI, FL. 33184

ARTICLE VI REGISTERED AGENT

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

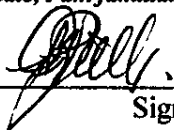
LEYANES PLACERES
13861 SW 14 ST
MIAMI, FL. 33184

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LEYANES PLACERES
13861 SW 14 ST
MIAMI, FL. 33184

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/Incorporator

2/10/09

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA