# P09000044663

Office Use Only

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2009 HAY 13 AM 8: 42

\$ 5/21/09

# **COVER LETTER**

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

UBJECT: ACOSTA Transport Corp.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an original Enclosed are an original Enclosed Enclose	ginal and one (1) copy of the artic  \$78.75 Filing Fee & Certificate of Status	Seles of incorporation and  \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM:	Haines City,	31 Address Florida 3384	45	2009 HAY	
	City, State & Zip				

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

(407) 272 - 0560 Daytime Telephone number



SECRETARY OF STATE DIVISION OF CORFORATED

2009 MAY 13 AM 8: 42

## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 6, 2009

JOSE ACOSTA POST OFFICE BOX 3431 HAINES CITY, FL 33845

SUBJECT: ACOSTA TRANSPORT CORP.

Ref. Number: W09000021415

We have received your document for ACOSTA TRANSPORT CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 409A00015403

Constraint returning of constraint you

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SLURE FARY OF STATE STVISION OF CORFORATION

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### ARTICLE I NAME

The name of the corporation shall be:

Acosta Transport Corp.

### ARTICLE II PRINCIPAL OFFICE

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

48 Joel massey Rd. Haines City, FL 33844

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

### ARTICLE IV SHARES

The number of shares of stock is:

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JUSE ACOSTA PO. BOX 3431 Haines City, FL 33845 - President

# ARTICLE VI REGISTERED AGENT

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

Jose Acosta 48 Joel Massey Road. Haines City, FL 33844

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jose Acosta P.O. Box 3431 Haines City, Fl 33845

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

Date / 09

corrected 5-10-09