

P09000062246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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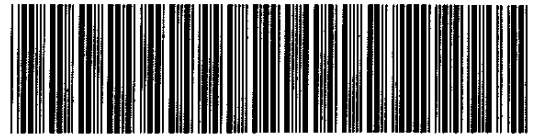
(Business Entity Name)

(Document Number)

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

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JUL 20 2009  
TALLAHASSEE, FL 32309

09 JUL 20 AM 9:08

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## COVER LETTER

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

**SUBJECT:** SAFE 4 U 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:** MALVYS C LABRADA  
Name (Printed or typed)

14155 NW 88 PL

Address

HIALEAH, FL 33018

City, State & Zip

305-409-7899

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

**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: **SAFE 4 U TRANSPORT, INC**

**ARTICLE II PRINCIPAL OFFICE**

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

7965 W 30 CT, APT 201  
HIALEAH, FL 33018

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**STARTED NEW BUSINESS.**

**ARTICLE IV SHARES**

The number of shares of stock is:

100 SHARES: 1.00 PER VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

MALVYS C LABRADA, 14155 NW 88 PL HIALEAH FL 33018, DIRECTOR  
JOSE E MENENDEZ, 7965 W 30 CT APT 201 HIALEAH FL 33018, DIRECTOR  
MILTON LABRADA, 12249 SW 14 LN APT 1409 MIAMI FL 33184- DIRECTOR

**ARTICLE VI REGISTERED AGENT**

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

MALVYS C LABRADA  
14155 NW 88 PL  
HIALEAH, FL 33018

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MALVYS C LABRADA  
14155 NW 88 PL  
HIALEAH, FL 33018

\*\*\*\*\*

*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

07/16/09

\_\_\_\_\_  
Date

07/16/09

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
BIRMINGHAM, ALABAMA