

P09000 : 100426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

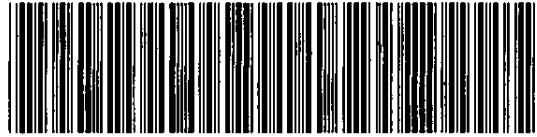
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

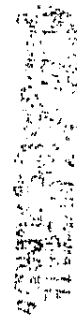
Special Instructions to Filing Officer:

Office Use Only



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W09000052866

na  
12-16-09

## COVER LETTER

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

SUBJECT: Black Line Transports Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: Luis A Perezleguizamo  
Name (Printed or typed)

18640 SW 93rd Ave  
Address

Cutler Bay, Fl. 33157  
City, State & Zip

786-286-5842  
Daytime Telephone number

Blacklinetrans@hotmail.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2009

LUIS A PEREZLEGUIZAMO  
18640 SW 93RD AVE.  
CUTLER BAY, FL 33157

SUBJECT: BLACK LINE TRANSPORTS INC.  
Ref. Number: W09000052866

We have received your document for BLACK LINE TRANSPORTS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6869.

Christine Haney  
Senior Clerk  
New Filing Section

Letter Number: 809A00037175

RECEIVED  
09 DEC 15 PM 1:09  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
STAFF ASSISTANT

## 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:  
Black Line Transport Inc

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:  
18640 sw 93 ave  
miami FL 33157

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Business of transporting merchandise from warehouses

### **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):  
Luis A Perezleguizamo PRESIDENT  
18640 sw 93 ave Miami FL 33157  
Ana C Perezleguizamo Vice-President  
18640 sw 93 ave Miami FL 33157

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Luis A Perezleguizamo  
18640 w 93 ave  
Miami FL 33157

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Luis A perezleguizamo  
18640 sw 93 ave Miami FL 33157

\*\*\*\*\*

*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

11/29/09

\_\_\_\_\_  
Date

11/29/09

\_\_\_\_\_  
Date

09 DEC 15 AM 10:20

FILED