

P10000048101

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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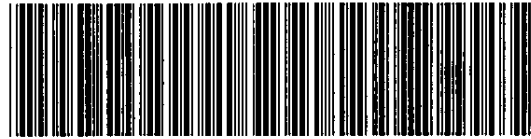
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 JUN -7 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUN 08 2010

COVER LETTER

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

SUBJECT: CCM 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: Ruben Valdes

Name (Printed or typed)

1725 Main Street, Suite 205

Address

Weston, FL 33326

City, State & Zip

954 594 4091

Daytime Telephone number

ccm@dslx.net

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

C C M Transport, Inc.

ARTICLE II PRINCIPAL OFFICE

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

*1725 Main Street, Suite 205
Weston, FL. 33326*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transport

ARTICLE IV SHARES

The number of shares of stock is:

100 shares, \$10.00 par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ruben Valdes, President

ARTICLE VI REGISTERED AGENT

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

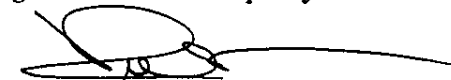
*Ruben Valdes.
1725 Main Street, Suite 205
Weston, FL. 33326*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Ruben Valdes
1725 Main Street, Suite 205
Weston, FL. 33326*

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

6/4/10

Date
6/4/10

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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