

P10000048754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

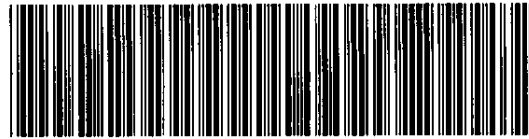
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/09/10--01008--003 **78.75

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10 JUN -9 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-10-10 28

TRANSMITTAL LETTER

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

SUBJECT: King of Kings Transportation Corporation
(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: Walter Alfaro
Name (Printed or typed)

12129 Sugar Pine Trail
Address

Wellington Florida 33414
City, State & Zip

(561) 719-1292
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:

King of Kings Transportation Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12129 Sugar Pine Trail
Wellington Florida 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transportation

ARTICLE IV SHARES

The number of shares of stock is:

1000 share of stock with Part Value of \$0.50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Walter Alfaro, President
Gina Alfaro, Vice-President

ARTICLE VI REGISTERED AGENT

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

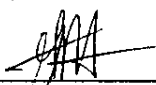
Gina Alfaro
12129 Sugar Pine Trail
Wellington FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Walter Alfaro
12129 Sugar Pine Trail
Wellington, FL 33414

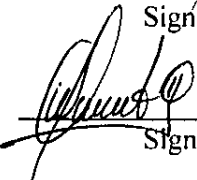
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

05-31-10

Date



Signature/Incorporator

05-31-10

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUN -9 AM 10:47

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