

P10000089697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

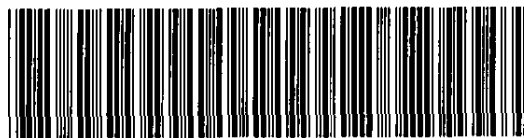
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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10 NOV -4 PM 12:13

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

10 NOV -4 PM 12:25

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

11/4/10

## COVER LETTER

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

SUBJECT: MAD 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:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee
	& Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Manuel DeJesus  
Name (Printed or typed)

P.O. BOX 21751  
Address

WPB, FL 33416  
City, State & Zip

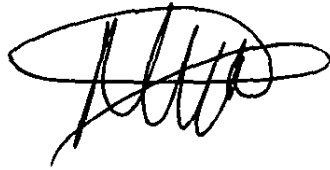
718-810-0944  
Daytime Telephone number

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

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

... 11-4-10

I will not revoke the Dissolution of  
Doc # P09000045098.

A handwritten signature, possibly reading "JHP", enclosed within a large, loopy oval stroke.

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:

MAD transport INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

17266 79th Ct N

LOX, FL 33470

Mailing address, if different is:

P.O. BOX 21751

WPB, FL 33416

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Transporting goods

**ARTICLE IV SHARES**

The number of shares of stock is:

1

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

Name and Title: Manuel DeJesus / Pres

Address:

17266 79th Ct N  
LOX, FL 33470

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

**ARTICLE VI REGISTERED AGENT**

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

Name:

Manuel DeJesus

Address:

17266 79th Ct N  
LOX, FL 33470

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Manuel DeJesus

Address:

17266 79th Ct N  
LOX, FL 33470

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

Required Signature/Registered Agent

11/4/10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

11/4/10

Date

FILED  
10 NOV - 4 PM 12:25  
TALLAHASSEE, FLORIDA