

P1000089760

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. Shivers NOV 11 2010

I Debra Stanley am the owner of
Oceanview Transport Inc., a administratively
dissolved company. I have no intention of
revoking the dissolution and release the name
for use.

A handwritten signature in cursive script, appearing to read "Debra Stanley". The signature is written in dark ink on a white background.

COVER LETTER

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

SUBJECT: Oceanview 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: Debra Stanley
Name (Printed or typed)
1026 NE 2nd St.
Address
Belle Glade FL 33436
City, State & Zip
908 627 3472
Daytime Telephone number
Debra.Stanley30@yahoo.com
E-mail address: (to be used for future annual report notification)

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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: Oceanview Transport Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

636 SW 2nd St.
Belle Glade, Fl. 33430

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transportation

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Debra Stanley Name and Title: _____
Address: President Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Debra Stanley
Address: 636 SW 2nd St.
Belle Glade, Fl. 33430

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Debra Stanley
Address: 636 SW 2nd St.
Belle Glade, Fl. 33430

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

Debra Stanley

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.

Debra Stanley

Required Signature/Incorporator

11-4-10

Date