

P100000093936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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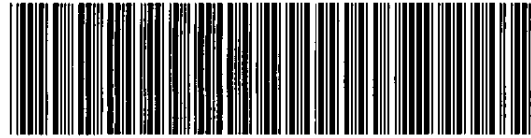
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

YMD 11/17

COVER LETTER

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

SUBJECT: FAS Auto 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: Francisco A. Silva
Name (Printed or typed)

27221 State Road 56, PMB 138
Address

Westley Chapel FL 33544
City, State & Zip

239. 357. 2891
Daytime Telephone number

Silva-m4@yahoo.com
E-mail address: (to be used for future annual report notification)

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: FAS Auto Transport, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
27221 State Road 56
PMB 138
Wesley Chapel FL 33544

Mailing address, if different is _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transport Vehicles

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares of common stock, \$0.01 per value share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Francisco A. Silva (P)
Address: 27221 State Road 56
PMB 138
Wesley Chapel FL 33544

Name and Title: President
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: Rosa M. Silva
Address: 27221 State Road 56 PMB 138
Wesley Chapel, FL 33544

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rosa M. Silva
Address: 27221 State Road 56 PMB 138
Wesley Chapel FL 33544

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

11/9/10

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

11/9/10

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA