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COVER LETTER

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

_{SUBJECT:} Multi State Transport I	nc
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Harry Jenzano	
Name	e (Printed or typed)
4640 N Federal Hwy	
10 10 11 1 000101 1 1111	Address
Lighthouse Point FI 330	964 State & Zip
954-781-8808	elephone number
·	•
Hjenzano@comcast.net	d for future annual report notification)

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

H.J. JENZANO AND COMPANY AUDITORS AND ACCOUNTANTS

4640 N. Federal Highway
Lighthouse Point, Fl. 33064
Ph: 954-781-8808
Fax:954-781-0215
E-Mail Hjenzano@comcast.net

November 17, 2010

Department of State New Filing Section Div of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Ref: New Filing Multi State Transport Inc

Dear Representative;

Please be advised that, the newly Incorporated Entity will not revoke the Administrative Dissolution filed September 24 2010.

Sincefely

David Fisher President

Multi State Transport inc.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the cor	Multi State Transport	Inc	
ARTICLE II	PRINCIPAL OFFICE		
47	Principal street address	Mailing	address, if different is:
	540 N Federal Hwy ghthouse Point Fl 33064		
<u></u>	gilliouse Folii Fi 33004		
ARTICLE III F	PURPOSE	-	
	ich the corporation is organized is:		•
All legal Busin	ess activities		
			ASS 6
			- C - E
			HE
			AS 22
	SHARES		SEX P
The number of share	es of stock is:TUUU		EG P
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS	SI :
	le:David Fisher President		
Address:	4640 N Federal Hwy	Address:	
	Lighthouse Point Fl 33064		
		-	
Name and Tit	le:	Name and Title:	
Address:		Address:	
			······································
Name and Tit	le:	Name and Title:	
Address:			
		-	
	REGISTERED AGENT		
	ida street address (P.O. Box NOT acceptable	, ,	
Name: Address:	Harry J Jenzano		
Address.	4640 N Federal Hwy Lighthouse Point Fl 33064		
	<u> </u>	_ _	
	INCORPORATOR		
	ress of the Incorporator is:		
Name: Address:	David Fisher 4640 N Federal hwy	 ·	
ridaress.	Lighthouse Point FI 33064		
	d as registered agent to accept service of pro familiar with and accept the appointment as		
*** *	(A		11/12/10
	Required Signature/Registered Agent		Date
			
I submit this docyc	nent and affirm that the facts stated herein	are true. I am aware that th	he false information submitted in a
aocument to the De	partment of State constitutes a third degree fe	tony as provided for in s.817.	.155, F.S.
6/5/	V/// '_		1.11
16.00	Required Signature/Incorporator		
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