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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
transporters enterprises, inc.

Certificate of Status	0
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COVER LETTER

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

SUBJECT: TRANSPORTERS ENTERPRISES, 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: MARIA C MAGARINO
Name (Printed or typed)

2200 SW 9TH AVENUE
Address

MIAMI FL 33129
City, State & Zip

305-244-7855(LLAMAR ANTES DE VENIR)
Daytime Telephone number

MMagarinoAcc@aol.com
E-mail address: (to be used for future annual report notification)

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

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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: TRANSPORTERS ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
MARIA EDWVIGES RAMIREZ
27645 SUFFRIDGE DR
BONITA SPRINGS FL 34135

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
BUSINESS

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100 SHARES 1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA EDWVIGES RAMIREZ PRESIDENT AND TREBURER
Address: 27645 SUFFRIDGE DR, BONITA SPRINGS FL 34135

Name and Title: RIGOBERO RAMIREZ VICE-PRESIDENT
Address: 27645 SUFFRIDGE DR, BONITA SPRINGS FL 34135

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: MARIA EDWVIGES RAMIREZ
Address: 27645 SUFFRIDGE DR
BONITA SPRINGS FL 34135

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: MARIA EDWVIGES RAMIREZ
Address: 27645 SUFFRIDGE DR
BONITA SPRINGS FL 34135

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

Maria Ramirez
Required Signature/Registered Agent

3-14-11
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.

Maria Ramirez
Required Signature/Incorporator

3-14-11
Date

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