P11000035412

(Re	questor's Name)			
(Ad	dress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bus	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
	Ü			
		Į		
		}		
	····			





700200823957

04/08/11--01028--016 **87.50

TALLANGS DE SIAIE

x 04/12/11

COVER LETTER

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

SUBJECT: MAYANS TRANSPORTER CORP. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX

Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: LUIS A MAYANS	e (Printed or typed)
7108 SW 114th Ave.	Address
MIAMI, FLORIDA 3317; City,	State & Zip
(786) 597 1019 Daytime T	elephone number
lams 62@yahoo.com E-mail address: (to be used	d 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)

MAYANS TRANSPORTER CORP.

The name of the	corporation shall be:		
ARTICLE II	PRINCIPAL OFFICE Principal street address 7108 SW 114th Ave.	Mailing address, if different is:	
	MIAMI, FLORIDA 33173		
	PURPOSE r which the corporation is organized is: FREIGHT CARGO		11 APR -0 AM
ARTICLE IV The number of s	SHARES shares of stock is: 100		7) VIE 3) VIE 9) VIE 19) VI 19) VI 19) VI 19) VI 19) VI 19) VI 19) VI 19) VI 19) VI 19
Name and Address:	INITIAL OFFICERS AND/OR DIRECTO Title: LUIS A. MAYANS (President) 7108 SW 114th Ave. MIAMI, FLORIDA 33173	Name and Title: Address:	
Name and Address:	Title:	Address:	
Name and Address:	Title:	Name and Title: Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) LUIS A. MAYANS 7108 SW 114th Ave. MIAML FLORIDA 33173	<u> </u>	
The name and	INCORPORATOR address of the Incorporator is: LUIS A. MAYANS 7108 SW 114th Ave MIAMI, FLORIDA 33173		
this certificate, i	amed as registered agent to accept service of processing am familiar with and accept the appointment as references.	egistered agent and agree to act in	
- ju	Required Signature/Registered Agent	7 0 0 3	Date
I submit this do	ocument and affirm that the facts stated herein a Department of State constitutes a third degree feld	re true. I am aware that the fals	
Haye	Required Signature/Incorporator	ANS	4/5/11 Date