

P11000044276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100195711801

05/06/11--01002--006 \*\*78.75

RECEIVED

11 MAY -4 PM 1:26

DIVISION OF CORPORATIONS

FILED

11 MAY -4 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R 05/09/11

## COVER LETTER

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

**SUBJECT: CARRERAS LINE 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: Raul Carreras

Name (Printed or typed)

2250 nw 107 st

Address

MIAMI FL 33167

City, State & Zip

786-416-4938

Daytime Telephone number

carrerasline@gmail.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: **CARRERAS LINE TRANSPORT, INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**2250 NW 107 ST**  
**MIAMI, FL, 33167**

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 **500.00**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **RAUL CARRERAS-PRESIDENT**  
Address: **2250 NW 107 ST**  
**MIAMI, FL, 33167**

Name and Title: \_\_\_\_\_  
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: **RAUL CARRERAS**  
Address: **2250 NW 107 ST**  
**MIAMI, FL, 33167**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **RAUL CARRERAS**  
Address: **2250 NW 107 ST**  
**MIAMI, FL, 33167**

*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

**04/28/2011**

\_\_\_\_\_  
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

**04/28/2011**

\_\_\_\_\_  
Date

FILED  
11 MAY -4 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA