

P11000051452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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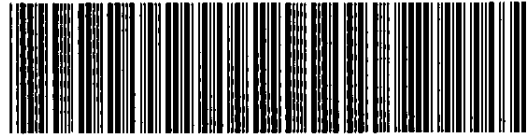
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
MICHIGAN
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11 MAY 31 PM 3:06

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COVER LETTER

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

SUBJECT: M SOCARRAS LOGISTIC, CORP.

(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: M SOCARRAS LOGISTIC, CORP.

Name (Printed or typed)

666 WEST 81 ST APT 221

Address

HIALEAH, FL 33014

City, State & Zip

786-352-9357

Daytime Telephone number

naviuska@bellsouth.net

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:

M SOCARRAS LOGISTIC, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

666 WEST 81 ST APT 221

HIALEAH, FL 33014

Mailing address, if different is:

666 WEST 81 ST APT 221

HIALEAH, FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Delivery, Carrier, Driving, and Operating trucks.

ARTICLE IV SHARES

The number of shares of stock is:

500 shares to \$.100 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maikel socarras

Address: 666 WEST 81 ST APT 221

HIALEAH, FL 33014

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: Maikel Socarras

Address: 666 WEST 81 ST APT 221

HIALEAH, FL 33014

ARTICLE VII INCORPORATOR

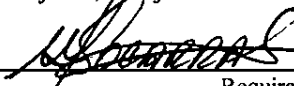
The name and address of the Incorporator is:

Name: Maikel Socarras

Address: 66 WEST 81 ST APT 221

HIALEAH, FL 33014

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

05/27/11
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.


Required Signature/Incorporator

05/27/11
Date

11 MAY 31 PM 3:06
RECEIVED OF STATE
TALLAHASSEE, FLORIDA

2011
MAY 31