

P11000056607

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COVER LETTER

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DIVISION OF CORPORATIONS

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

SUBJECT: Complete Trans 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

Paid

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Barbara Rush
Name (Printed or typed)

PO BOX 1151
Address

Deerfield Beach FL 33443
City, State & Zip

954-618-8993
Daytime Telephone number

wildfamily2005@yahoo.com
E-mail address: (to be used for future annual report notification)

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

COVER LETTER

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P. O. Box 6327
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& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Barbara Rush
Name (Printed or typed)

2438 N. Federal Hwy Suite 353
Address

Lighthouse Point FL 33064
City, State & Zip

877-796-3326
Daytime Telephone number

fxmedco@bellsouth.net
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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11 MAY 23 AM 11:23

DIVISION OF CORPORATIONS

April 29, 2011

BARBARA RUSH
PO BOX 1151
DEERFIELD BEACH, FL 33443

SUBJECT: COMPLETE TRANS INC.
Ref. Number: W11000014773

We have received your document for COMPLETE TRANS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) I.

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please list the Registered Agent name in the name space,

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason
Regulatory Specialist II

Letter Number: 311A00006275

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:

Complete Trans Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2438 N. Federal Hwy
Suite 353
Lighthouse Point FL 33064

Mailing address, if different is:

P.O. Box 1151
Deerfield Beach FL 33443

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transportation

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barbara Rush - President

Address: 2438 N. Federal Hwy

Suite 353
Lighthouse Point, FL 33064

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: Eddie Cubilla

Address: 2438 N. Federal Hwy
Suite 353 Lighthouse Point FL 33064

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Barbara Rush

Address: 2438 N. Federal Hwy Suite 353
Lighthouse Point FL 33064

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

(Signature)

Required Signature/Registered Agent

6/13/11

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.

(Signature)

Required Signature/Incorporator

6/13/11

Date

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

11 JUN 16 PM 12:20

(Handwritten initials)