

P1100078817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

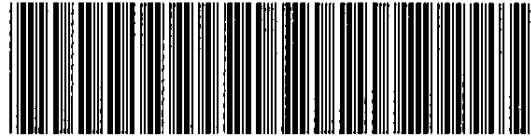
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/06/11--01019--019 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 SEP -6 PM 1:04

PS 9/7/11

COVER LETTER

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

SUBJECT: Always In Transit Logistics 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: Marlene Dorta
Name (Printed or typed)

7655 SE Highway 42
Address

Summerfield, FL 34491
City, State & Zip

(305) 904-5825
Daytime Telephone number

alwaysintransitlog@aol.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: Always In Transit Logistics Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7655 SE Highway 42
Summerfield FL 34491

Mailing address, if different is:
PO Box 1996
Bellevue FL 34421

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To engage in any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marlene Dorta President
Address: 7655 SE Highway 42
Summerfield, FL 34491

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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DIVISION OF CORPORATIONS
11 SEP - 6 PM 1:00

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

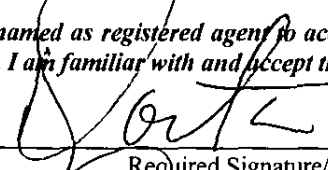
Name: Marlene Dorta
Address: 7655 SE Highway 42
Summerfield, FL 34491

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marlene Dorta
Address: 7655 SE Highway 42
Summerfield, FL 34491

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

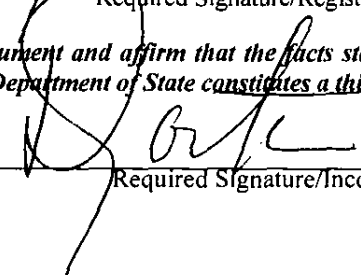


Required Signature/Registered Agent

08/30/2011

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

08/30/2011

Date