

P11000104768

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H11000287243 3)))



H11000287243ABC

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : F20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
NICE VETERANS TRANSPORTATION INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

FILED
11 DEC - 8 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MRS 12/9



December 8, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations
LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: NICE VETERANS TRANSPORTATION INC.
REF: W11000061565

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P10000099261 - NICE VETERANS TRANSPORTATION INC.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden

FAX Aud. #: H11000287243
P.O BOX 6327 - Tallahassee, Florida 32314

10/19/2028 04:42

#7415 P.003/004

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Letter Number: 611A00027484
FLORIDA DEPARTMENT OF STATE
Division of Corporations

P.O BOX 6327 - Tallahassee, Florida 32314

10/18/2023 04:42

#7415 P.004/004

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

11 DEC -8 AM 9:54

ARTICLE I NAME
The name of the corporation shall be: Nice Veterans Transport **CORP**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE
Principal street address
6461 SW 27th Street
Miami, FL 33155

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To provide transportation services

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jessica M. Jimenez, Director
Address: 6461 SW 27th Street
Miami, FL 33155

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: Antonio Necuze
Address: 13324 SW 73 Terrace
Miami, FL 33183

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Antonio Necuze
Address: 13324 SW 73 Terrace
Miami, FL 33183

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

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 2.817.155, F.S.

Required Signature/Incorporator

Date

H11000287243