

P11000108383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

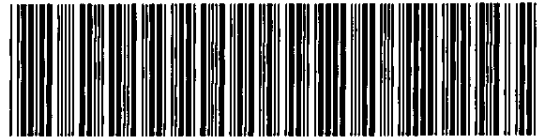
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300215227733

12/28/11--01002--010 \*\*78.75

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
281 DEC 28 AM 9:40  
NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
11 DEC 28 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/28/11

## COVER LETTER

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

SUBJECT: **MPM 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: **MARIELA PABON**

Name (Printed or typed)

**PO BOX 620444**

Address

**ORLANDO FL 32862**

City, State & Zip

**8502410552**

Daytime Telephone number

**BCPLINC@LIVE.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**

MPM TRANSPORT INC

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
7084 BENT PINE DR APT 4333  
ORLANDO FL 32822

Mailing address, if different is:

PO BOX 620444  
ORLANDO FL ~~32822~~ 32862

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ALL PURPOSE

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: P - MARIELA PABON  
Address: 7084 BENT PINE DR APT 4333  
ORLANDO FL 32822

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: MARIELA PABON  
Address: 7084 BENT PINE DR APT 4333  
ORLANDO FL 32822

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIELA PABON  
Address: 7084 BENT PINE DR APT 4333  
ORLANDO FL 32822

FILED  
11 DEC 28 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

12/27/11

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

12/27/11

Date