

P 12000000 8556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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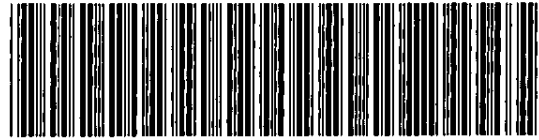
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JAN 25 PM 2:19

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

12 JAN 25 PM 2:23

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1/25/12

COVER LETTER

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

SUBJECT: **VINAYS TRANSPORTATION 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: **OSVALDO E RIVERO**

Name (Printed or typed)

3300 MAJESTIC OAK DR

Address

ST CLOUD FL 34771

City, State & Zip

8504210052

Daytime Telephone number

BCPLINC@LIVE.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JAN 25 PM 2:23

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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)

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ARTICLE I NAME VINAYS TRANSPORTATION INC
The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE
Principal street address
3300 MAJESTIC OAK DR
ST CLOUD FL 34771

Mailing address, if different is:
SAME SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: OSVALDO E RIVERO	Name and Title: _____
Address: 3300 MAJESTIC OAK DR	Address: _____
ST CLOUD FL 34771	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: OSVALDO E RIVERO
Address: 3300 MAJESTIC OAK DR
ST CLOUD FL 34771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OSVALDO E RIVERO
Address: 3300 MAJESTIC OAK DR
ST CLOUD FL 34771

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

1/25/12
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

1/25/12
Date