

P12000026635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

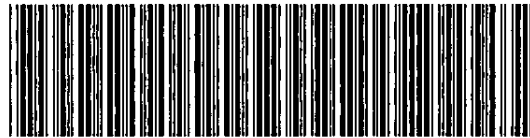
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



100224471701

03/16/12--01025--016 **78.75

FILED
12 MAR 16 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Special Instructions to Filing Officer:

Raymond Arbaje a.w.
AUTHORIZATION BY PHONE TO
CORRECT remove the . from corp
DATE 3/19/12 name
DOC. ID# MRS.

Office Use Only

MRS
3/19/12

COVER LETTER

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

SUBJECT: Alegria Transportation Corp
(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: Raymond Arbaje
Name (Printed or typed)

PO Box 770543
Address

Orlando, Florida, 32877
City, State & Zip

786-383-9346
Daytime Telephone number

risiarbaje@gmail.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: **Alegria Transportation CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address
1767 Boxeney Drive
Orlando, Florida, 32837

Mailing address, if different
PO Box 770543
Orlando, Florida 32877

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate a school transportation business to assist children and parents that are not able to acquire transportation from their learning institution.

ARTICLE IV SHARES

The number of shares of stock is **2**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Raymond Arbaje**
Address: **PO BOX 770543**
Orlando, FL 32877

Name and Title: _____
Address: _____

Name and Title: **Isamara Perez**
Address: **PO BOX 770543**
Orlando FL 32877

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:

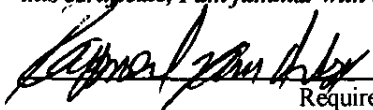
Name: **Raymond Arbaje**
Address: **1767 Boxeney Drive**
Orlando, Florida 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

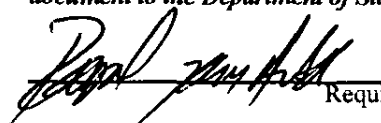
Name: **Raymond Arbaje**
Address: **PO BOX 770543**
Orlando, FL 32877

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

03/12/2012
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

03/12/2012
Date

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12 MAR 16 PM 12:20

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TALLAHASSEE, FLORIDA