

P12000083004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

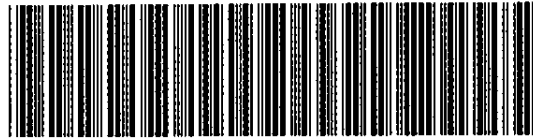
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000239513870

10/02/12--01001--009 **78.80

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2012 OCT -1 PM 3:23
NO. ATTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
12 OCT -1 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 10/1/12

COVER LETTER

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

SUBJECT: **ROXY 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
☐ \$7.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM **ROXY TRANSPORT INC**
Name (Printed or typed)

310 LINCOLN AVE
Address

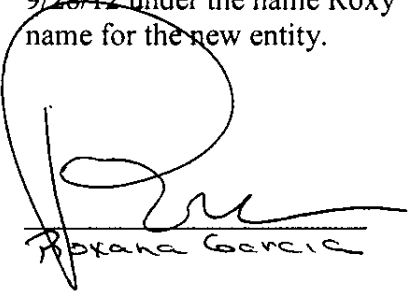
LEHIGH ACRES FL 33936
City, State & Zip

Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

I have no intention of reinstating the corporation that was administratively dissolved on 9/28/12 under the name Roxy Transport, Inc. (Document #P11000082923) releasing the name for the new entity.



Roxana Garcia

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

FILED

ARTICLE I NAME

The name of the corporation shall be: Roxy Transport, Inc.

12 OCT -1 PM 3:38

ARTICLE II PRINCIPAL OFFICE

ROXANA GARCIA Address
310 LINCOLN AVE
LEHIGH ACRES FL 33936

SAME AS LISTED 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: (P) ROXANA GARCIA
Address: 310 LINCOLN AVE
LEHIGH ACRES FL 33936

Name and Title: (VP) OSCAR E GARCIA
Address: 310 LINCOLN AVE
LEHIGH ACRES FL 33936

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: Roxana Garcia
Address: 310 Lincoln Ave
Lehigh Acres FL 33936

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roxana Garcia
Address: 310 Lincoln Ave
Lehigh Acres FL 33936

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

[Signature]
Required Signature/Registered Agent

10/1/12
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.

[Signature]
Required Signature/Incorporator

10/1/12
Date