

P/3000007571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

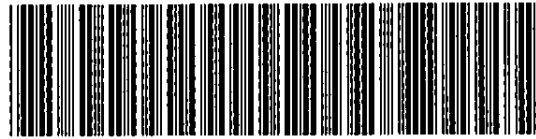
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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h 01/29/13

COVER LETTER

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

SUBJECT: **T&T 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: **JUAN A. TOCA**

Name (Printed or typed)

1113 SOUTH 69TH

Address

TAMPA FL, 33619

City, State & Zip

(813) 919-0737

Daytime Telephone number

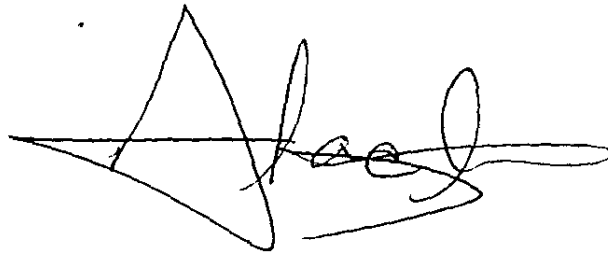
DIOMARI@FTINS.NET

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

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

To Whom it may concern: 1/22/13

We would like to close
down T & T Transport LLC
under DOR # L13000001282.
And we will not be renewing
Thank you.

A handwritten signature in black ink, appearing to be "T & T", written over a large, stylized, hand-drawn triangle.

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TALLAHASSEE, FLORIDA

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: T&T TRANSPORT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

JUAN A. TOCA

1113 SOUTH 69TH

TAMPA FL, 33619

Mailing address, if different is:

JUAN A. TOCA

1113 SOUTH 69TH

TAMPA FL, 33619

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: JUAN A. TOCA (President)

Address: 1113 SOUTH 69TH
TAMPA FL, 33619

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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(conti.)

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: JUAN A. TOCA
Address: 1113 SOUTH 69TH
TAMPA FL, 33619

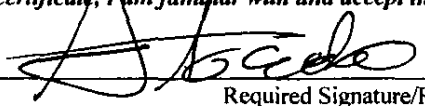
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JUAN A. TOCA
Address: 1113 SOUTH 69TH
TAMPA FL, 33619

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TALLAHASSEE FL 32310-0001

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

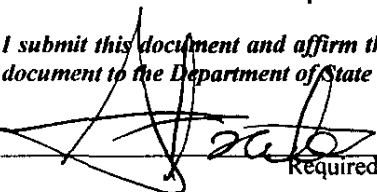


Required Signature/Registered Agent

1/23/2013

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

1/23/2013

Date