

P/3000080281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

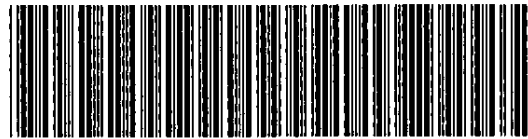
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

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

SUBJECT: **Angelitos Bus Service, 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: **Nayra Nario**

Name (Printed or typed)

**1492 Egret Rd.**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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Address

Homestead, Fl. 33035

City, State & Zip

786-234-3055

Daytime Telephone number

angelitosbus@gmail.com

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

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

**AFFIDAVIT**

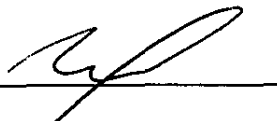
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SEP 30 P 3 25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In the State of FLORIDA

County of Miami-Dade

I **Nayra Nario**, of 1492 Egret Rd Homestead, Florida 33035 and President of **Angelitos Bus Service , Inc.** make an oath and say that:

I have no intentions of reinstating my dissolved corporation **Angelitos Bus Service , Inc.**

X   
Nayra Nario

09-23-13  
Date

**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: Angelitos Bus Service, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1492 Egret Rd.

Homestead, Fl. 33035

Mailing address, if different is:

N/A

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

"Professional Corporation"

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Nayra, Nario (President / Secretary)

Address

1492 Egret Rd.

Homestead, Fl. 33035

Name and Title: Lisbeth Basnuevo (VP / Secretary)

Address:

1492 Egret Rd.

Homestead, Fl. 33035

Name and Title:

N/A

Address

Name and Title:

N/A

Address:

Name and Title:

N/A

Address

Name and Title:

N/A

Address:

(cont.)

Name and Title: N/A Name and Title: N/A  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Nayra Nario  
Address: 1492 Egret Rd.  
Homestead, Fl. 33035

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nayra Nario  
Address: 1492 Egret Rd.  
Homestead, Fl. 33035

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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*

[Signature]  
Required Signature/Registered Agent

09/23/2013

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.*

[Signature]  
Required Signature/Incorporator

09/23/2013

Date