

P/300091179

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 NOV - 6 PM 12:59

**COVER LETTER**

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

**SUBJECT:** American Roads Transport 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:** Maria C. Trujillo

Name (Printed or typed)

6515 SW 133 Ct.

Address

Miami, Fl. 33183

City, State & Zip

305-970-5939

Daytime Telephone number

Ceci0321@aol.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)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 NOV -6 PM 12:59

**ARTICLE I NAME**

The name of the corporation shall be: American Roads Transport Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6515 SW 133Th. Court  
Miami Fl. 33183

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any and all lawful business activities

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Maria C. trujillo

Name and Title: President

Address 6515 SW 133TH. Ct  
Miami Fl. 33183

Address: \_\_\_\_\_

Name and Title: Olga Uribe

Name and Title: Secretary

Address 12300 SW 104th. Terrace  
Miami, Fl. 33186.

Address: \_\_\_\_\_

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: losvany Martos

Address: 6515 SW 133 CT

Miami, Fl. 33183

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: Maria C Trujillo

Address: 6515 SW 133 CT

Miami, fl 33183

*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

11/04/2013  
 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

11/04/13  
 Date