

P/4000012020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐☐

(Business Entity Name)

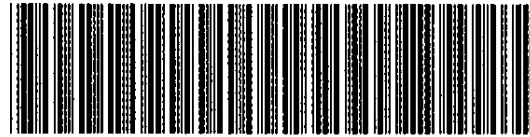
(Document Number)

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OFFICE OF THE ATTORNEY GENERAL

*K* 02/10/14

## COVER LETTER

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

SUBJECT: Transport 24 HR  
(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: Jorge Abril  
Name (Printed or typed)

7900 S Orange Blossom Trail  
Address

Orlando FL 32809 Apt. 1134  
City, State & Zip

407-624 8620 - 352 4549126  
Daytime Telephone number

Transport24hr@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: Transport 24 hr. Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7900 S Orange Blossom  
Trail Orlando FL 32809  
Apt. # 1134

P.O. BOX 1006  
Alachua FL 32616

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any Business permit  
by states of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Jorge Abril (President)

Name and Title: Alirio VALDES (Vice President)

Address: 7900 S Orange  
Blossom Trail  
Orlando FL 32809

Address: P.O. BOX 1006  
Alachua FL 32616

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

Address:

Jorge Abril  
7900 S Orange Blossom  
Trail Orlando FL 32809

**ARTICLE VII INCORPORATOR**

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

Name:

Address:

Alirio Valdes  
P.O. BOX 1006  
Alachua FL 32616

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

\_\_\_\_\_  
Date

1/29/2014

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

\_\_\_\_\_  
Date

1-29/14