

P1400013539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

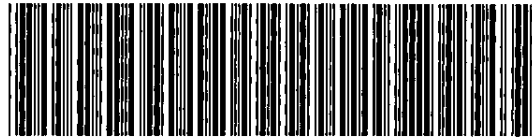
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/10/14--01037--009 **78.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 10 AM 9:20

2/13/14

COVER LETTER

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

SUBJECT: AJ 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Adam J. Pagliaro
Name (Printed or typed)
2553 Longwood Blvd
Address
Melbourne, FL 32934
City, State & Zip
321-779-9128
Daytime Telephone number
ap3536@hotmail.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

ARTICLE I NAME

The name of the corporation shall be: A.J. Transport Corp.

14 FEB 10 AM 9:20

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

2553 Longwood Blvd.

383 Peregrine Dr

Melbourne, FL 32934

Indialantic, FL 32903

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

package delivery service

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adam J. Pagliaro, Pres

Name and Title: _____

Address: 2553 Longwood Blvd.

Address: _____

Melbourne, FL 32934

Name and Title: Arleen L. Pagliaro, Secty

Name and Title: _____

Address: 383 Peregrine Dr

Address: _____

Indialantic, FL 32903

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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: Arleen L Pagliaro

Address: 383 Peregrine Dr.

Indialantic, FI 32903

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Arleen L Pagliaro

Address: 383 Peregrine Dr.

Indialantic, FI 32903

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

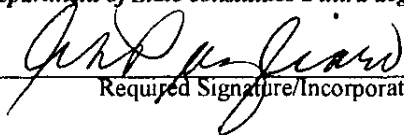


Required Signature/Registered Agent

Feb 1, 2014

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

Feb 1, 2014

Date