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COVER LETTER

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

SUBJECT: Express Transportation FL Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: R	ichard Colabelli			

Name (Printed or typed)

703 South Hibiscus ave

Address

Staurt, FL, 34996

City, State & Zip

954 715 3000

Daytime Telephone number

732express@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)

	Express Trans VCIPAL OFFICE Principal street address Libiscus ave		Mailing address, if different is:	
Staurt, FL, 3				
	POSE ne corporation is organized is: Opera and Limousine.	ate a trans	portation ser	vice.
	Richard Colabelli 70 Pine st #332	PRS Name and Title: Address:	SECREJARY J. STATE TALLAHASSEE FLORIDA	14 FEB 28 PM 2: 16
Name and Title: Address	Tinton Falls, NJ,07753	Address:		
Name and Title:		_		

Name and	Fitle:	Name and Title:	
Address		Address:	
		-	
ARTICLE VI	REGISTERED AGENT		
	ida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name;	Richard Colabelli		
Address:	703 South Hibiscus ave		IAI S
	Staurt, FL, 34996	•	
•		•	22 ± 25
ARTICLE VII	INCORPORATOR		8 PA
The name and add	ress of the Incorporator is:		4 2: FLOO
Name:	Richard Colabelli		
Address:	70 Pine st # 332		≯′"
	Tinton Falls, NJ, 07753	•	
		•	
Having been name	d as registered agent to accept service of process 1 familiar with and accept the appointment as reg	for the above stated corporation	at the place designated in
	Alool .	wieren ngem una ugree io det in i	7/2//14
Ridan	Required Signature/Registered Agent		Date Co
, -	nent and affirm that the facts stated herein are	true. I am aware that the false it	nformation supmitted in a
document to the De	partment of State constitutes a third degree felon	y as provided for in s.817.155, F.S	Januarium /
///	a Sholl.		21/2//4
	Required Signature/Incorporator		Date!
R =060	Led Co(Abell.		S 14 COR
/=(544)			HDA F