

PI400022331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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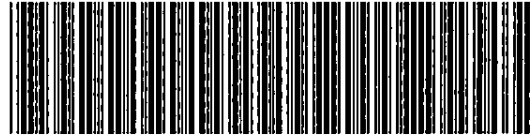
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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3/13/14

March 4, 2014

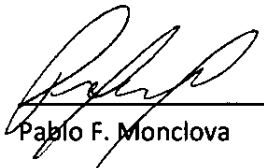
Pablo F. Monclova
1637 New Chapel Drive
Orlando, FL. 32837

Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

re: Caribbean Transport of Orl, Inc.
Florida Document Number: P10000094848

I am releasing and will no longer be utilizing the name of Caribbean Transport of Orl, Inc. in regular Business. I also authorize the enclosed articles to be filed. In reference to the document number# P10000094848, I no longer will be using in regular commerce the name of Caribbean Transport of Orl, Inc.

Cordially,


Pablo F. Monclova

COVER LETTER

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

SUBJECT: **CARIBBEAN TRANSPORT OF ORL, 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: **PABLO F. MONCLOVA**

Name (Printed or typed)

1637 NEW CHAPEL DRIVE

Address

ORLANDO, FL. 32837

City, State & Zip

407-925-8690

Daytime Telephone number

caribbean_transport@yahoo.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: Caribbean Transport of Orl, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1637 New Chapel Dr.

Orlando, FL. 32837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all legal use.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pablo F. Monclova-President

Name and Title: _____

Address 1637 New Chapel Dr
Orlando, FL. 32837

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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DIVISION OF CORPORATIONS
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(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:

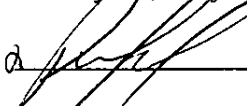
Name: Pablo F. Monclova
Address: 1637 New Chapel Dr
Orlando, FL. 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pablo F. Monclova
Address: 1637 New Chapel Dr
Orlando, FL. 32837

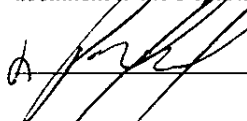
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 _____
Required Signature/Registered Agent

03/04/2014

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

03/04/2014

Date