

03/17

02

#3837 P2001/000

P14000040259

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000108280 3)))



H140001082803ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION PROCESI TRANSPORTATION CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

B 5/7/14

14 MAY -6 AM 10:05

SECRETARY OF STATE
DIVISION OF CORPORATIONS

RECEIVED

14 MAY -6 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

03/17/2032 02:13

MAY-06-2014 TUE 11:48 AM

FAX NO.

#3837 02/03

P. 02

H14000108280

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: PROCESI TRANSPORTATION CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

5241 Red Cedar Apt 2

FT Myers, FL 33907

Mailing address, if different is:

5241 Red Cedar Apt 2

FT Myers, FL 33907

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AUGUSTO PROCESI (P) Name and Title:

Address: 5241 RED CEDAR DR APT 2
FT MYERS, FL 33907

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

SECTIONARY DIVISION
DIVISION OF CORPORATIONS
14 MAY - 6 AM 10:06
SIS

H14000108280

03/17/2032 02:13

MAY-06-2014 TUE 11:48 AM

FAX NO.

#3837 P. 003/003

P. 03

H14000108280
(cont.)

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: LUIS ROSALES
Address: 5931 NW 173 DR STE 9
MIAMI, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUIS ROSALES
Address: 5931 NW 173 DR STE 9
MIAMI, FL 33015

14 MAY - 6 AM 10:06
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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
5/5/2014
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.817.151, F.S.

Required Signature/Incorporator
5/5/2014
Date

H14000108280