

P14000064806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

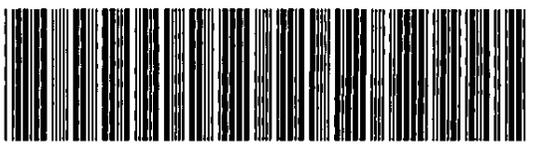
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_    Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8/4/14

1104000024729

**COVER LETTER**

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

**SUBJECT:** Serbio's Trucking, 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 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:** Serbio J. Torres  
Name (Printed or typed)  
2508 Lakeview Dr  
Address  
Lehigh Acres, Florida 33936  
City, State & Zip  
(786)606-1985  
Daytime Telephone number  
Ltorres42000@yahoo.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**NOTE: Please provide the original and one copy of the articles.**



**FLORIDA DEPARTMENT OF STATE**  
Division of Corporations

July 9, 2014

SERBIO J. TORRES  
2508 LAKEVIEW DRIVE  
LEHIGH ACRES, FL 33936

SUBJECT: L & L TRANSPOTATION, INC.  
Ref. Number: W14000034729

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 AUG - 1 AM 11:21  
RF  
JD  
60

We have received your document for L & L TRANSPOTATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 814A00014738

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TALLAHASSEE, FLORIDA



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14 JUL -7 PM 1:28

FLORIDA DEPARTMENT OF STATE  
Division of Corporations TALLAHASSEE, FLORIDA

June 4, 2014

SERBIO J. TORRES  
2508 LAKEVIEW DRIVE  
LEHIGH ACRES, FL 33936

SUBJECT: A.S.A.P. TRANSPORT, INC  
Ref. Number: W14000034729

We have received your document for A.S.A.P. TRANSPORT, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 914A00012648

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



(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: Serbio J. Torres  
 Address: 2508 Lakeview Dr  
Lehigh Acres, FL 33936

**ARTICLE VII INCORPORATOR**

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

Name: Serbio J. Torres  
 Address: 2508 Lakeview Dr  
Lehigh Acres, FL 33936

*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

7-30-2014

\_\_\_\_\_  
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

7-30-2014

\_\_\_\_\_  
Date

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 TALLAHASSEE, FLORIDA