

P14000072108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

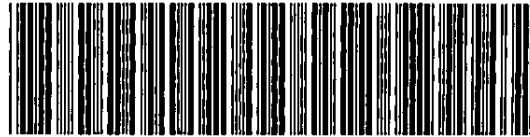
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/29/14

COVER LETTER

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

SUBJECT: MIAMI PORT LINK 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: JACK H. GOODWIN
Name (Printed or typed)

10654 S.W. 123 CT.
Address

MIAMI FL. 33186
City, State & Zip

786-210-9725 / 305-596-0378
Daytime Telephone number

VE3 DPQW4 @ AOL.COM
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 22 AM 9:26

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2014

JACK H. GOODWIN
10654 SW 123 CT.
MIAMI, FL 33186

SUBJECT: MIAMI PORT LINK INC.
Ref. Number: W14000045790

RECEIVED
14 AUG 22 AM 11:02
TALLAHASSEE, FLORIDA

We have received your document for MIAMI PORT LINK INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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: 514A00016020

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14 AUG 22 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: MIAMI PORT LINK INC.

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14 AUG 22 AM 9:26

ARTICLE II PRINCIPAL OFFICE

Principal street address

13136 SW 130 TER
MIAMI FL 33186

Mailing address, if different is:

10654 SW 123 CT
MIAMI FL 33186

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ALLEVIATE CONGESTION AND
FOR PUBLICITY PURPOSES

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JACK GOODWIN (OWNER) Name and Title: _____

Address 10654 S.W. 123 CT. Address: _____

MIAMI FL 33186

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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:

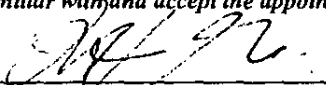
Name: JACK GOODWIN
Address: 10654 S.W. 123 CT.
MIAMI FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: JACK GOODWIN
Address: 10654 S.W. 123 CT
MIAMI FL 33186

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

AUG. 13/14
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

AUG. 13/14
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA