

P14000081392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

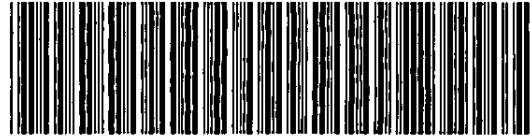
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900263329099

10/01/14--01004--005 **87.50

FILED

14 OCT -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/6/14

COVER LETTER

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

SUBJECT: **Reynier Transportation Services 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: **Reynier Gonzalez**

Name (Printed or typed)

2839 SE 15th Road

Address

Homestead, Florida 33035

City, State & Zip

305-282-7016

Daytime Telephone number

reyniergonzalez86@yahoo.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT - 1 AM 9:05

FILED

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: Reynier Transportation Services Inc.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address

2839 SE 15th Road

Homestead, Florida 33035

Mailing address, if different is:

14 OCT -1 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Local and Long Haul Transportation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Reynier Gonzalez

Name and Title: Owner

Address 2839 SE 15 Road

Address: _____

Homestead, Fl. 33035

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:

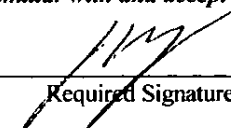
Name: Reynier Gonzalez
Address: 2839 SE 15 Road
Homestead, Florida 33035

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Reynier Gonzalez
Address: 2839 se 15th Road
Homestead, Florida 33035

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

09/29/2014

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

09/29/2014

Date

FILED
14 OCT - 1 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA