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S. GILBERT

I send all document for
the new Incorporate:

I put the check and
two copy of the
Document.

NAME of the new Corporation

SANJOHN'S TRANSPORT EXPRESS
INC.

owner - JUAN D. RIVERA MALDONADO
4563 Ave de. 101.
Orlando FL - 32812

Corporate Rep

Thank you for your time!
The Rep.

COVER LETTER

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

SUBJECT: **SANJOHN'S TRANSPORT EXPRESS 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: **SANJONH'S TRANSPORT EXPRESS INC.**

Name (Printed or typed)

4563 COVE DR 101

Address

ORLANDO ' FL. 32812

City, State & Zip

407-575-9994 /407-412-8197

Daytime Telephone number

johnny65pr@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:

SANJOHN'S TRANSPORT EXPRESS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4563 COVE DR 101

ORLANDO FL. 32812

Mailing address, if different is:

4563 COVE DR 101 ORLANDO FL. 32812

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EQUIPMENT CARRIER ,MAIL CARRIER AND ANY LAW BUSINESS

and all service in transportacion carrier business.

ARTICLE IV SHARES

10,000 SHARES AT \$100.00 PER SHARE

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Juan O Rivera Maldonado**

Address: **4563 cove dr 101
orlando fl. 32812**

Name and Title: **President**

Address: **4563 cove dr 101
orlando fl. 32812**

Name and Title: **Sandra Santiago**

Address: **4563 cove dr 101
orlando fl. 32812**

Name and Title: **Tresurary**

Address: **4563 cove dr 101
orlando fl 32812**

Name and Title:

Address:

Name and Title:

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: Juan O Rivera Maldonado

Address: 4563 cove dr 101
orlando fl. 32812

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Juan O Rivera Maldonado

Address: 4563 cove dr 101
orlando fl. 32812

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

Juan O. Rivera Maldonado
Required Signature/Registered Agent

10-8-14
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.

Juan O. Rivera Maldonado
Required Signature/Incorporator

10-8-14
Date