

P15000027522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

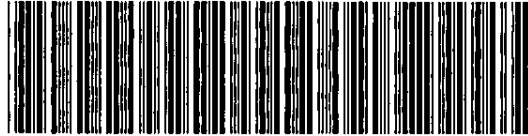
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

a Only



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03/09/15--01020--009 \*\*70.00

FILED  
15 MAR 20 PM 3:42  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA  
FILED  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

3-24-15



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RE  
15 MAR 10 AM 10:01

SECRET  
TALLAHASSEE, FLORIDA

March 11, 2015

NESTOR ALVAREZ  
1951 N.W. 191 AVE.  
PEMBROKE PINES, FL 33029

SUBJECT: BEST KIDS TRANSPORTATION, INC.  
Ref. Number: W15000017347

We have received your document for BEST KIDS TRANSPORTATION, 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.

You must list at least one incorporator with a complete business street address.

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.

Christine Haney  
Regulatory Specialist II  
New Filing Section

Letter Number: 315A00004969

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15 MAR 20 PM 3:42  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

February 27, 2015

Florida Department of State  
Division of Corporations  
Tallahassee, FL 32314

I, Gloria E. Alvarez owner of Best Kids Transportation Inc., with ID # P00000086335

I do not have any intention to reinstatement this company.

I am going to give the release the name to Mr. Nestor J. Alvarez.

Sincerely,



Gloria E. Alvarez.

PS. I am sending copy of this letter as per our phone conversation.

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STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
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## Florida Profit Filing

Filing InformationIf an effective date is required for this filing, enter here 03/02/2015 (MM/DD/YYYY) What is an effective date?

Required Filing Fees: \$70.00

Certificate of Status ☐ \$8.75 (Optional) What is a certificate of status?Certified Copy ☐ \$8.75 (Optional) What is a certified copy?Corporate Name Best Kids Transportation, Inc.

(Name must include suffix such as "Corp", "Inc.", "Incorporated", etc.)

Corporate Stock Shares 100.00 What are corporate stock shares?

(Cannot be zero)

Principal Place of Business (The principal address must be a street address)Address 1951 N.W. 191 Ave.Suite, Apt. #, etc. City, State Pembroke Pines FLZip Code & Country 33029 Mailing Address

If your corporate mailing address is the same as the principal address above, please check the box below. Otherwise, enter your corporate mailing address.

☒ Mailing address same as principal addressAddress 1951 NW 191 AveSuite, Apt. #, etc. City, State Pembroke Pines FLZip Code & Country 33029 Name And Address of Registered Agent What is a registered agent?Name Alvarez Nestor J   
Last Name First Name Initial Title (Sr., Jr., etc.)FILED  
15 MAR 20 PM 3:12  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

- OR -

Business to serve as RA

filed)

(Must be different from entity name being

Address

1951 NW 191 Ave

(PO Box not acceptable)

Suite, Apt. #, etc.

City, State

Pembroke Pines, FL

Zip Code &amp; Country

33029 US

The Registered Agent must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on the entity's behalf. Do not enter the name of the entity you are attempting to file as Registered Agent. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s. 831.06, F.S.

### Notice of Annual Report

This corporation must file an Annual Report with the Division of Corporations between January 1st and May 1st of every year to maintain "active" status. The corporation's first annual report will be due between January 1st and May 1st of the calendar year following the year the corporation is formed and must be filed online. The fee to file a Corporation Annual Report is \$150. A \$400 late fee is applied if the report is filed after May 1st. Reminder notices to file the Annual Report will be sent to the e-mail address you provide in these articles. File early to avoid the late fee.

### Incorporator Name And Address

Name

Nestor J. Alvarez

Address

1951 NW 191 Ave.

Suite, Apt.#, etc.

City, State &amp; Zip Code

Pembroke Pines, FL 33029

Electronic Signature of Incorporator

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I acknowledge that I have read the above "Notice of Annual Report" statement and understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

### Corporate Purpose

☐ Corporate purpose is 'Any and all lawful business'.

(Do not check this box if a "Professional Association". You must list specific purpose below.)

(Maximum of 240 characters.)

15 MAR 20 PM 3:42  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

240 characters remaining

**Correspondence Name And E-mail Address** Why do you need my e-mail address?

Please enter your e-mail address carefully and verify that it is correct. This is the address correspondence pertaining to this filing and future annual report notices will be sent.

Name Nestor Alvarez  
E-mail Address valverde\_48@hotmail.com  
Re-enter E-mail Address valverde\_48@hotmail.com

**Officer/Director Name And Address**

List the name and address of each officer/director now. This information is required to open most bank accounts and to obtain workers' comp exemption. Once this document is filed, any changes will require an amendment and an additional \$35.00 filing fee.

Title P (P, VP, etc...)  
Name Alvarez, Nestor, J,   
Last Name First Name Initial Title (Sr., Jr., etc.)  
- OR -

Business Name to serve as Officer   
Street Address 1951 NW 191 Ave.  
City, State Pembroke Pines, FL  
Zip Code & Country 33029

Title  (P, VP, etc...)  
Name , , ,   
Last Name First Name Initial Title (Sr., Jr., etc.)  
- OR -

Business Name to serve as Officer   
Street Address   
City, State ,   
Zip Code & Country

Title  (P, VP, etc...)

Name  ,  ,  ,   
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Street Address

City, State  ,

Zip Code & Country

Title  (P, VP, etc...)

Name  ,  ,  ,   
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Street Address

City, State  ,

Zip Code & Country

Title  (P, VP, etc...)

Name  ,  ,  ,   
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Street Address

City, State  ,

Zip Code & Country

Title  (P, VP, etc...)

Name  ,  ,  ,   
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Street Address

City, State  ,

Zip Code & Country

**Please review the filing for accuracy. If you need to make corrections, do so at this time. The filing information will be added/edited exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed, cancelled or refunded.**

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