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(Requestor's Name)

(Address)

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(Business Entity Name)

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15 MAY -4 AM 9:19
STATE
NOTARY PUBLIC
FLORIDA

MD 5/11

COVER LETTER

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

SUBJECT: Statewide Shuttle & Transportation, Corp.

(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: Rafael Zambrano
Name (Printed or typed)

14514 SW 84 Street
Address

Miami, FL 33183
City, State & Zip

305-380-7151
Daytime Telephone number

RalphZam@Hotmail.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 Statewide Shuttle & Transportation, Corp.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____

14514 SW 84 Street

Miami, FL 33183

Mailing address, if different is: _____

14514 SW 84 Street

Miami, FL 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Transport passengers and good statewide.

ARTICLE IV SHARES 500
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rafael Zambrano - President/Director

Address 14514 SW 84 Street

Miami, FL 33183

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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: Rafael Zambrano

Address: 14514 SW 84 Street

Miami, FL 33183

FILED
15 MAY -4 AM 9:19
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Rafael Zambrano

Address: 14514 SW 84 Street

Miami, FL 33183


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

4/30/2015
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

4/30/2015
Date