# P15000046580

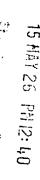
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## **COVER LETTER**

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

SUBJECT: Metropolis transportation Solutions luc					
(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	-		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status			
FROM: Leah May	NAVANRO ne (Printed or typed)				
2218 Dear					
St. Cloud	FL 347.	72			
(407) 462 Daytime	- 829 1 Telephone number		•		
Michael and L E-mail address: (to be use	lahs tuture annual report	re of gma	,1/. Com		

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

15 MAY 26 PHIZ: 4

# **Metropolis Transportation Solutions Inc**

2218 Deata Ct

Saint Cloud, FL. 34772

Ph. 407-462-8291 Fax 407-641-9326

To Whom It May Concern,

I Leah May Navarro – Am Not Planning On Revoking The Disillusion For Metropolis Transportation Solutions Inc. In Regards To: P1400088286. I Am Releasing The Name To The New Corporation That Is Included In This Packet.

Thanks,

Leah May Navarro Sean May Navarro 45/20/15

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ICLE II PRINCIPAL OFFICE Principal <u>street</u> address 18 Deata Ct.	Maili	ing address, if different is:
· Cloud, FL 34772	SAU	ne
ICLE III PURPOSE purpose for which the corporation is organized is:		all Legal an
		15 m
CLE IV SHARES Imber of shares of stock is: 100  CLE V INITIAL OFFICERS AND/OR DIRECTORS		6 PH 12: 40
Name and Title: Leah May NAVARA Address 2218 Deata Ct.	O Name and Title:	
St. Cloud, FE3.	477) <u> </u>	40.00
Name and Title:	Name and Title:	
Address	Address:	
Norman and Willer		
Name and Title:		

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: Leah May NAVAR	
Address: 2218 Deata Ct	
87. Cloud, FL 347	272
ARTICLE VII INCORPORATOR	FH 12: 40
The name and address of the Incorporator is:	
Name: Leah MAY NAVA	2010
Address: 2318 Data Cf.	<u>.                                     </u>
St. Cloud, Fl 34	
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot days after the filing.)	NA (OPTIONAL)
Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records	
Having been named as registered agent to accept service of proce this certificate. I am familiar with and accept the appointment as re	
Son the Marca	05/20/15
Jew May Appra o Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in a
a mra degree jeu	my to providen for moto 17.133, 1.15.
Jan May Navgue	05/20/15
Required Signature/Incorporator	/ Date