

P16000017071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

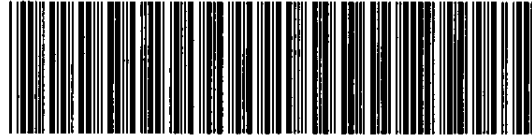
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TALLAHASSEE, FLORIDA

62-24-16

COVER LETTER

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

SUBJECT: PORTAL TRANSPORT CORPORATION

(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: MyUSACorporation.com

Name (Printed or typed)

1 Radisson Plaza, Suite 800

Address

New Rochelle, NY 10801

City, State & Zip

(877) 330-2677

Daytime Telephone number

dael.lead@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

PORTAL TRANSPORT CORPORATION
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

1444 SW 5 ST #9

MIAMI, FL 33135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: transportation of goods nationwide

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ARTICLE IV SHARES

100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAEL ALVAREZ, PRESIDENT

Name and Title: DAEL ALVAREZ, VICE PRESIDENT

Address 1444 SW 5 ST #9, MIAMI, FL, 33135

Address: 1444 SW 5 ST #9, MIAMI, FL, 33135

Name and Title: DAEL ALVAREZ, SECRETARY

Name and Title: DAEL ALVAREZ, TREASURER

Address 1444 SW 5 ST #9, MIAMI, FL, 33135

Address: 1444 SW 5 ST #9, MIAMI, FL, 33135

Name and Title: _____

Name and Title: _____

Address _____

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: Incorp Services, Inc
Address: 17888 67th Court North
Loxahatchee, FL 33470

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: MyUSACorporation.com
Address: 1 Radisson Plaza, Suite 800
New Rochelle, NY 10801

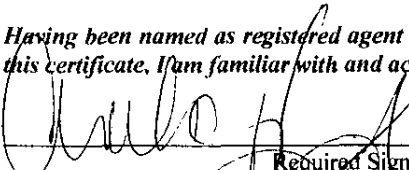
ARTICLE VIII EFFECTIVE DATE:

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

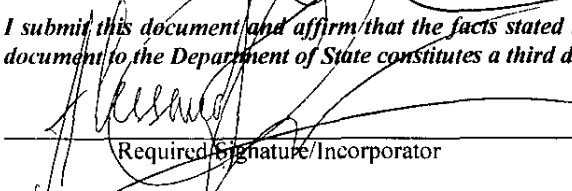


Required Signature/Registered Agent

02/10/2016

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

02/10/2016

Date