

P16000023423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

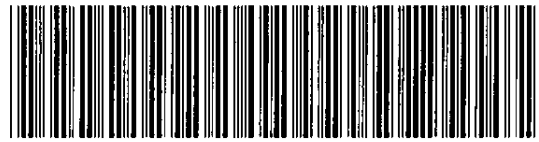
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 MAR 16 AM 9:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

03-16-16
WI

COVER LETTER

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

SUBJECT: BoriMex Transportation 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
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: BoriMex Transportation Inc

Name (Printed or typed)

241 Ruby Ave, Suite 206

Address

Kissimmee, FL 34741

City, State & Zip

321-442-1284

Daytime Telephone number

borimex16@gmail.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: BoriMex Transportation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 241 Ruby Ave
Suite 206
Kissimmee Fl 34741

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Transportation Company(taxi)

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TALLAHASSEE, FLORIDA
ARTICLE AND FILED

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Noe Rosas Lopez - President Name and Title: Gilberto Rosas Lopez - Vic President
Address: 2514 Volta Cir Address: 2514 Volta Cir
Kissimmee, Fl 34746 Kissimmee, Fl 34746

Name and Title: Carmen N. Rosas - Secretary Name and Title: Brisia Rosas - Treasurer
Address: 2514 Volta Cir Address: 2514 Volta Cir
Kissimmee, Florida 34746 Kissimmee, Fl 34746

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: Carmen N. Rosas
 Address: 2514 Volta Cir
Kissimmee, Fl 34746

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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 ATTACHED AND FILED

ARTICLE VII INCORPORATOR

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

Name: Carmen N. Rosas
 Address: 241 Ruby Ave Suite 206
Kissimmee, Fl 34741

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

Carmen Rosas
 Required Signature/Registered Agent

3-16-2016
 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.

Carmen Rosas
 Required Signature/Incorporator

3-16-2016
 Date