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COVER LETTER

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

UBJECT: Fai	thful Bus Service Inc				
	(PROPOSED CORPORAT	TE NAME – MUST INCL	UDE SUFFIX)		
aclosed are an original and one (1) copy of the articles of incorporation and a check for:					
☐ \$70.6 Filing F	•	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:					
	Name ((Printed or typed)	5		
	Miami, Florida 33127	ddress	-9 AH 9:		
	City, S 786-306-3655	state & Zip			
	•	lephone number			
	faithfulbusservice@outlook.com				
	E-mail address: (to be used	for future annual report n	otification)		

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)

Mailing address	, if different is:	
1130 NW 140 Street		
Miami, Florida 33168		
	any other lawful activities	
ð		
	SEC TALL	
	STATE OF STA	
	ATE RIDA 55	
Name and Title:		
Address:		
Name and Title:		
Name and Title:		
	Miami, Florida 33168 transportation service and engage in	

Name a	and Title:	Name and Title:
Addres	ss ·	Address:
		·
IRTICLE VI	REGISTERED AGENT	
	Florida street address (P.O. Box NOT acc	eptable) of the registered agent is:
Name:	Robert Jean Louis	
Address:	329 NW 59 Terrace	
	Miami, Florida 33127	16 H
ARTICLE VII	_INCORPORATOR	
	address of the Incorporator is:	
ne <u>name and a</u>	Robert Jean Louis	5 CA
Name:	Robert Jean Louis	<u></u>
Address:	329 NW 59 Terrace	5 □m
	Miami, Florida 33127	<u></u>
ARTICI F VIII	EFFECTIVE DATE: April 26, 20	
Effective date, i	f other than the date of filing: April 20, 20 date is listed, the date must be specific a	. (OPTIONAL) and cannot be more than five business days prior or 90 business
Note: If the dathe document's	te inserted in this block does not meet the a effective date on the Department of State's	applicable statutory filing requirements, this date will not be listed as s records.
laving been na his certificate, i	med as registered agent to accept service I am familiar with and accept the appointn	of process for the above stated corporation at the place designated in nent as registered agent and agree to act in this capacity
	Robert Heavy Louis Required Signature/Registered	05-01-2016
	Required Signature/Registered	Agent Date
submit this do	cument and affirm that the facts stated h	nerein are true. I am aware that the false information submitted in a gree felony as provided for in s.817.155, F.S.
Rober	+ Year Louis	05-01-2016
Regi	ired Signature/Incorporator	Date