

P16000042478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

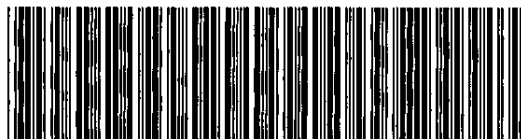
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~W16-34656~~

Office Use Only



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04/29/16--01009--012 **70.00

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16 MAY -9 PM 1:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

UH

COVER LETTER

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

SUBJECT: INDIAN RIVER TRANSPORTATION GROUP 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: INDIAN RIVER TRANSPORTATION GROUP INC

Name (Printed or typed)

9611 US HIGHWAY 1, SUITE 200

Address

SEBASTIAN, FL 32958

City, State & Zip

772-589-7007

Daytime Telephone number

SENIORSTAX@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2016

INDIAN RIVER TRANSPORTATION GROUP
9611 US HIGHWAY 1, SUITE 200
SEBASTIAN, FL 32958

SUBJECT: INDIAN RIVER TRANSPORTATION GROUP INC
Ref. Number: W16000033231

We have received your document for INDIAN RIVER TRANSPORTATION GROUP INC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 416A00009489



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2016

INDIAN RIVER TRANSPORTATION GROUP INC
9611 US HIGHWAY 1, SUITE 200
SEGASTIAN, FL 32958

SUBJECT: INDIAN RIVER TRANSPORTATION GROUP INC
Ref. Number: W16000034056

We have received your document for INDIAN RIVER TRANSPORTATION GROUP INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 116A00009832

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

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TALLAHASSEE FLORIDA

ARTICLE I NAME INDIAN RIVER TRANSPORTATION GROUP INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

9611 US HIGHWAY 1

SUITE 200

SEBASTIAN, FL 32968

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: _____

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL J. TATRO, PRESIDENT

Name and Title: _____

Address

492 BISCAYNE LANE

Address: _____

SEBASTIAN, FL 32958

Name and Title:

MICHELLE MITZA, VICE-PRESIDENT

Name and Title: _____

Address

492 BISCAYNE LANE

Address: _____

SEBASTIAN, FL 32958

Name and Title: _____

Name and Title: _____

Address

Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: RICHARD A. VARTIGIAN
Address: 2345 14TH AVENUE, SUITE 3
VERO BEACH, FL 32960

ARTICLE VII INCORPORATOR

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

Name: RICHARD A. VARTIGIAN
Address: 2345 14TH AVENUE, SUITE 3
VERO BEACH, FL 32960

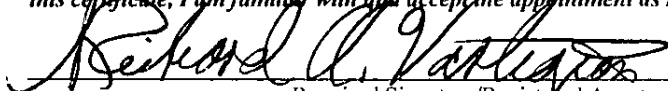
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/1/2016 (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.)

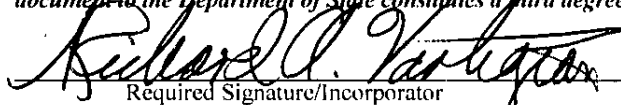
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

04/26/2016
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

04/26/2016
Date