

P160000054535

(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:

Office Use Only



800286855788

06/16/16--01025--001 **78.75

FILED
16 JUN 16 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 29 2016

T SCHROEDER

COVER LETTER

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

SUBJECT: Adiene 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Adiene Nuevo
Name (Printed or typed)

2660 W 60 PL
Address

Hialeah, Florida 33016
City, State & Zip

305 746 3274
Daytime Telephone number

adienenuevo@aol.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: Adiene Transportation - Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2660 W 60 PL

Hialeah, FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For transportation children (school bus)

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adiene Nuevo Name and Title: _____

Address 2660 W 60 PL Address: _____
Hialeah, FL 33016
President

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
16 JUN 16 PM 1:28
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: Adiene Nuevo

Address: 2660 W 60 PL

Hialeah, FL 33016

ARTICLE VII INCORPORATOR

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

Name: Adiene Nuevo

Address: 2660 W 60 PL

Hialeah, FL 33016

FILED
16 JUN 16 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

 Adiene Nuevo
Required Signature/Registered Agent

06/11/2016
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.

 Adiene Nuevo
Required Signature/Incorporator

06/11/2016
Date