Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: FLORIDA PROFIT/NON PROFIT CORPORATION MONTESINO TRANSPORT INC Certificate of Status Certified Copy 1 0.4 Page Count Estimated Charge \$78.75

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Help



H16000182942

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of <u>MONTESINO IRANSPORT, TNC</u> of Doc# are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely.

MElissA MONTESINO

#16000182942

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ID: 27 -3318771 Add Tax

ARTICLE I NAME: The name of the corporation is:

MONTESINO TRANSPORT INC	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
603 ARTHUR AVE	
LEHIGH ACRES, FL 33938	
ARTICLE III SHARES: The number of shares of stock is: 100	•
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
MELISSSA MONTESINO, PRESIDENT	
<u> </u>	
, CO	<u></u>
	ر 29
175	į
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	MII: 2
The name and Florida street address (PO Box not acceptable) of the registered agent is:	N
MELISSA MONTESINO 603 ARTHUR AVE, LEHIGH ACRES, FL 33938	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
MELISSA MONTESINO 803 ARTHUR AVE, LEHIGH ACRES, FL 33936	

LAZARUS"

PAGE 04/04

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

Required Signatures:

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

Malissa Montasino	7/26/16	
Registered Agent	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.

Malissa Montesino	7/28/16
Incorporator	Date

FEIN 27-3318771