

P16000072101

(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

W16000072101

SEP 06 2015

T. SCOTT



200288383552

08/09/16--01036--015 \*\*78.75

16 SEP - 6 AM 8:43

RECEIVED  
FILING OFFICE  
SEP 06 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 17, 2016

JOHNNY BERRIOS  
P.O. BOX 667534  
MIAMI, FL 33166

SUBJECT: NEW CARTAGE CO.  
Ref. Number: W16000057001

We have received your document for NEW CARTAGE CO. and your check(s) totaling \$78.75. 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.

List registered agent with Florida street address.,

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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 816A00017369

## COVER LETTER

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

**SUBJECT:** New Cartage Co.

(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:** Johnny Berrios

\_\_\_\_\_  
Name (Printed or typed)

PO Box 667534

\_\_\_\_\_  
Address

Miami, FL 33166

\_\_\_\_\_  
City, State & Zip

305-414-3695

\_\_\_\_\_  
Daytime Telephone number

newcartage@hotmail.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: New Cartage Co.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

16504 Bridge End Road

Miami Lakes, FL 33014

Mailing address, if different is:

PO Box 667534

Miami, FL 33166

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Pickup and delivery

**ARTICLE IV SHARES**

The number of shares of stock is: 1500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Johnny Berrios, President

Address: PO Box 667534

Miami, FL 33166

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

16 SEP - 6 AM 8:43  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
TALLAHASSEE, FL

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: Johnny Berrios  
Address: 16504 Bridge End Road  
Miami Lakes, FL 33014

**ARTICLE VII INCORPORATOR**

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

Name: Johnny Berrios  
Address: PO Box 667534  
Miami, FL 33166

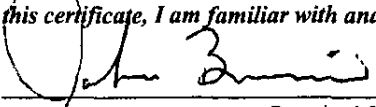
**ARTICLE VIII EFFECTIVE DATE:**

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*

  
Required Signature/Registered Agent

8/4/16  
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

8/4/16  
Date