

P16000093906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

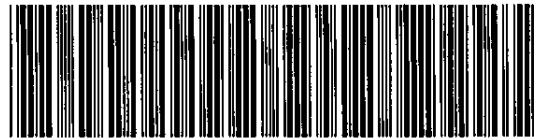
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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11/29/16

11/21/2016

To whom it may:

This letter is to advise you that I am not reinstating the dissolved corporation P15000098334 Roberto Transport Inc. Please release the name.

Should you have any questions please call me at 863-816-6920.

Thank you,

Roberto Rondon

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COVER LETTER

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

SUBJECT: Roberto Transport, 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: Roberto Rondon
Name (Printed or typed)

647 N. Combee Rd
Address

Lakeland, FL 33801
City, State & Zip

863-816-6920
Daytime Telephone number

robertotransport10@gmail.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: Roberto Transport, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

647 N. Combee Rd
Lakeland, FL 33801

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Used car sales
and Towing Services

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roberto Rondon (President) Name and Title: _____

Address: 3110 Skyview Dr Address: _____
Lakeland, FL
33801

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Roberto Rondon
Address: 3110 Skyview Dr
Lakeland, FL 33801

ARTICLE VII INCORPORATOR

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

Name: Roberto Rondon
Address: 3110 Skyview Dr
Lakeland, FL 33801

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/18/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

[Signature]
Required Signature/Registered Agent

11/18/16
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.

[Signature]
Required Signature/Incorporator

11/18/16
Date

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