

P17000025726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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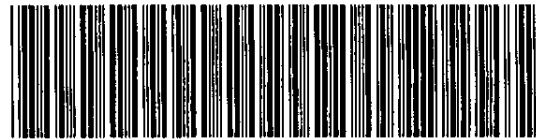
(Business Entity Name)

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FILED  
17 MAR 21 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 03/15/17

W17-017205

03/22/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2017

RALPH MOZART  
99 N.W. 183RD ST., STE. 110  
MIAMI, FL 33169

SUBJECT: HORIZON TRANSPORTION INC  
Ref. Number: W17000017205

We have received your document for HORIZON TRANSPORTION INC 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 817A00003853

## COVER LETTER

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

**SUBJECT:** NON EMERGENCY TRANSPORTATION

(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: HORIZON TRANSPORTATION INC  
\_\_\_\_\_  
Name (Printed or typed)

99 NW 183RD STREET STE 110  
\_\_\_\_\_  
Address

MIAMI FLORIDA 33169  
\_\_\_\_\_  
City, State & Zip

786-340-0822  
\_\_\_\_\_  
Daytime Telephone number

RMOZART90@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: HORIZON TRANSPORTATION INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5469 NW 106TH DR

CORAL SPRINGS

FLORIDA 33076

Mailing address, if different is:

5469 NW 106TH DR

CORAP SPRINGS

FLORIDA 33076

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: NON EMERGENCY TRANSPORTATION

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TALLAHASSEE FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 2

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

Name and Title: RICARDO PLACIDE PRESIDENT

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

Address 5469 NW 106TH DR

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

CORAL SPRINGS

FLORIDA 33076

Name and Title: RALPH MOZART VICE PRESIDENT

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

Address 5469 NW 106TH DR

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

CORAL SPRINGS

FLORIDA 33076

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: RALPH MOZART

Address: 5469 NW 106TH DR

CORAL SPRINGS FL 33076

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**ARTICLE VII INCORPORATOR**

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

Name: RICARDO PLACIDE

Address: 5469 NW 106TH DR

CORAL SPRINGS FL 33076

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/15/2017 (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*

Ralph Line Mozart  
Required Signature/Registered Agent

03/13/2017  
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

03/13/2017  
Date