PM000075533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 18 2017

COVER LETTER

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

SUBJECT: TRIANGLE TRANSPORTS 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 Filing Fee
- ☐ $78.75 Filing Fee & Certificate of Status
- ☐ $78.75 Filing Fee & Certified Copy
- ☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: BRUNO CAMPELO GONCALVES
Name (Printed or typed)

8125 IRON COVE CT
Address

ORLANDO FL 32836
City, State & Zip

925-575-6093
Daytime Telephone number

BRUNO_USA@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 Chapte: 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: TRIANGLE TRANSPORTS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

8125 IRON COVE CT
ORLANDO FL 32836

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS PRESIDENT

Name and Title: BRUNO C. GONCALVES
Address 8125 IRON COVE CT
ORLANDO FL 32836

Name and Title:
Address:

Name and Title: BRUNO C. GONCALVES
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

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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: -BRUNO C. GONCALVES

Address: 8125 IRON COVE CT

ORLANDO FL 32836

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BRUNO C. GONCALVES

Address: 8125 IRON COVE CT

ORLANDO FL 32836

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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 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

_____ 9.18.2017

Required Signature/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.

_____ 9-18-2017

Required Signature/Incorporator Date