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.

(((H18000027696 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORP USA Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

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 MERRICK TRANSPORT CORP.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

PAGE 01/04

1/1

 $\mathbb{C}\omega$

CORP USA

COVER LETTER

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

SUBJECT:	MERRICK TRAN	ISPORT WRI	>,	
	(PROPOSED CORPORAT	ie name – <u>mûst inclu</u>	DE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
☐ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	& Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
ADDITIONAL COPY REQUIRED				
FROM: Erico Antonio Garcia Name (Printed or typed)				
17447 SW 140 C+				
Miam: H 33 [7] City, State & Zip 1-305 - 849 - 7201 Daytime Telephone number Japanes @ Strada transport. 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)

		ransport (on	·
RTICLE II PRINC	<i>IPAL OFFICE</i> Principal <u>street</u> address	·	ddress, if different is:
17447 5	W 140 CF		
Mrani	H. 33177		
RTICLE III PURPO to purpose for which th	SE se corporation is organized is:		
	<u>s</u> tock is: 1,000.		- T\
	L OFFICERS AND/OR DIRECTORS		
Name and Title:	Erro Antonio Garcia P.		
Name and Title:		Address:	
Name and Title: Address	Enio Antonio Garcia P. IIH47 SW 140 CA	Address:	
Name and Title: Address	Enio Antonio Garcia P. 11449 SW 140 CA Minno A. 33197	Address:	
Name and Title: Address Name and Title:	Enio Antonio Garcia P. 11449 SW 140 CA Minno A. 33197	Address:	
Name and Title: Address Name and Title: Address	Enio Antonio Garcia P. 11449 SW 140 CA Minno A. 33197	Address: Name and Title: Address:	
Name and Title: Address Name and Title: Address	ENIO Antonio Garcia P. 1/4 47 SW 140 CA Minni A. 33117	Address: Name and Title: Address: Name and Title:	

Name and Ti	ие:	Name and Title:	
Address		Address:	
ARTICLE VI REG	ISTERED AGENT a street address (P.O. Box NOT acceptable) o	of the registered agent is:	
	Erico Antonio Garcia	=	
Address:	17447 SW 140 CT	_	
	Man FL 33/17	_	
ARTIÇLE VII INC	ORPORATOR		
	s of the Incurporator is:		 .3
Name:	Freez Antras - Gentle		
Address:	17447 SW 140 CA	_	
	Mary F. 73191	-	
ARTICLE VIII EFI	FECTIVE DATE:		
(If an effective date is	than the date of filing: this the date must be specific and cavac		days after the
filing.)		,-	
Note: If the date inser the document's effective	ted in this block does not meet the applicable ve date on the Department of State's records.	statutory filing requirements, this date	e will not be listed as
Having been named a this certificate, I am fa	s registered agent to accept service of process miliar with and accept the appointment as rej	for the above stated corporation at the sistered agent and agree to act in this	he pluce designated in capacity
	Carret	,	122/2018
	Required Signature/Registered Agent		Date
I submit this documen	it and affirm that the facts stated herein are	true. I am aware that the false infor	mution submitted in a
wanten want bepar	timens of State constitutes a third degree felon	y as provided for in £817.155, F.S.	/ /
Required Si	gnature/Incorporator		22/20/8 Date