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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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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
ALL AROUND TRANSPORTATION & DELIVERIES CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

2018 AUG 16 PM 4:40

Electronic Filing Menu Corporate Filing Menu Help

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

All around transportation & deliveries Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

5010 NW 2 ave
Miami, FL 33127

17 AUG 16 PM 4:55

ARTICLE III SHARES: The number of shares of stock is: 100*

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Loraine Depri Burgess (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Loraine Depri Burgess
5010 NW 2 ave
Miami, FL 33127

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Loraine Depri Burgess
5010 NW 2 ave
Miami, FL 33127

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Required Signatures:

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

Registered Agent 08-16-18 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.

Incorporator 08-16-18 Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA