

PI9 000020832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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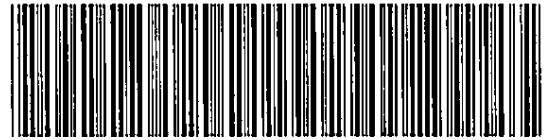
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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18 JUL -2 AM 8:38

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MAR 13 2019

C Kinsey

COVER LETTER

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

SUBJECT: R. Dilexie Transport to be incorporated

(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: Raymond Rivera (owner of R. Dilexie Transport)

Name (Printed or typed)

716 spring oak circle

Address

Orlando, FL 32828

City, State & Zip

407-393-8371

Daytime Telephone number

R_skii007@yahoo.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: R. Dilexie Transport Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

716 spring oak Circle

Orlando, Fl 32828

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Trucking Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Raymond Rivera D.P.

Name and Title: _____

Address 716 spring oak Circle

Address: _____

Orlando, Fl 32828

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

18 JUL - 2 AM '98
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

Name and Title: Raymond Rivera D.P. Name and Title: _____
Address: 716 Spring oak circle Address: _____
Orlando FL 32828 _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Raymond Rivera
Address: 716 Spring oak circle
Orlando FL 32828

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Raymond Rivera
Address: 716 Spring oak circle
Orlando FL 32828

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6-29-18 (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

Raymond Rivera
Required Signature/Registered Agent

03/12/2019
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.

Raymond Rivera
Required Signature/Incorporator

03/12/2019
Date

18 JUL - 2 AM 2019
CLERK OF STATE
TALLAHASSEE, FLORIDA