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

From:
Account Name : MAS INSURANCE & ACCOUNTING LLC
Account Number : I20170000039
Phone : (407)301-2659
Fax Number : (407)846-0320

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: brenda-mas@aol.com

FLORIDA PROFIT/NON PROFIT CORPORATION
BLESSED G & D TRANSPORT INC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$70.00 |

2019 MAR 14 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Blessed G & D Transport 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: Noel A Gonzalez
Name (Printed or typed)
1740 Minnow Ct
Address
Kissimmee FL 34159
City, State & Zip
407 301 2659
Daytime Telephone number
brenda.mas@aol.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 NAMEThe name of the corporation shall be: Blessed G & D Transport Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address
1740 Minnow Ct

Mailing address, if different is:

Kissimmee FL 34759**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: All Lawful acts**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Noel A Gonzalez (President)Address 1740 Minnow Ct Address:Kissimmee FL 34759

Name and Title: Name and Title:

Address Address:

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: Noel A Gonzalez
Address: 1740 Minnow Ct
Kissimmee FL 34759

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Noel A Gonzalez
Address: 1740 Minnow Ct
Kissimmee FL 34759

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 3/13/19 (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

* Noel A Gonzalez
Required Signature/Registered Agent

3/13/19
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.

* Noel A Gonzalez
Required Signature/Incorporator

3/13/19
Date