## P190000 45376

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(8)	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer.	<u> </u>

Office Use Only



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## COVER LETTER

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

SUBJECT: 10	amornies & T	ransportation+ FL INC		
SOBJECT: 1 C	(PROPOSED CORPOR	ATE NAME - MUST INCLUDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the a	rticles of incorporation and a check for:		
		There are		
\$70.00	\$78.75	<b>1</b> \$78.75  □ \$87.50		
Filing Fee	Filing Fee	Niling Fee Filing Fee.		
	& Certificate of Status	& Certified Copy Certified Copy & Certificate of		
		Status		
		ADDITIONAL COPY REQUIRED		
		711111111111111111111111111111111111111		
	1			
(71) (3) A	Nudia 0	brahalla		
FROM: Nydia C. Caraballo Name (Printed or typed)				
606 Jura LN Address				
<del></del>		Address		
	101-01	T/ 34759		
	K122,WW	Dee FL 34759		
	CII	State & Zip		
	407 5	77-6303		
••	Daytime	Tolephone number		
	10	C ( @ a 1 0 = -		
	F-mail address: (to be u	on f ( @ a mail .com seil for future annual report notification)		
	is-man address. (to be to	The racine difficult reports		

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: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	panion & Transportation FLI		
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:		
606 Jura LN	P.O. BOX 580722		
606 Juna LN Kissimmer, FL 34759	Kissimmer, FL 34758,		
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:			
<u>unq ang</u>	COCT COACTAT DAG(NESS		
	2013		
	- 128 - 128 - 128		
ARTICLE IV SHARES The number of shares of stock is: 100	Y		
ARTICLE V INITIAL OFFICERS AND/OR DIR	RECTORS		
Name and Title: Nydia Care	aballo Name and Title: President		
Address 656 Jura	Address:		
Kiss: mmer,	FL 34759		
Name and Title: Daniel Re	eyes Name and Title: Vice - Prisident		
Address	Address:		
Name and Title:	Name and Title:		
Address	Address:		

•		
Name and Title:	Name and Title:	<del></del>
Address	Address:	
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT accounts)	eptable) of the registered agent is:	
Name: Nydia Caroba	<u>, (                                   </u>	
Address: Lob Juna L	<u> </u>	
Kissimmer, FL	74JZJ"	201
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		\$32
	lls	
Name: Name: Name:	<u> </u>	# C
Address: 666 June El	77.CY	G.
1/124 /11/146 /		
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	04/2019 0000000	
(If an effective date is listed, the date must be specific; filing.)	and cannot be more than five days prior	or 90 days after the
Note: If the date inserted in this block does not meet the the document's effective date on the Department of State	applicable statutory filing requirements, the s records.	is date will not be listed as
Having been named as registered agent to accept service this certificate. I am familiar wift, and accept the appoint	ment as registered agent and agree to act i	on at the place designated in n this capacity
Mydy a ly b l  Required Signature/Registered	W	6-4-2019
		Duic
I submit this document and affirm that the facts stated if document to the Department of State constitutes a third d	herein are true. I am aware that the false egree felony as provided for in s.817.155.	information submitted in a F.S.
Marie Man	1	6 - 4-201 g
Required Signature/Incorporator		Date