

From: Robert Fanjul
9/26/2019

Fax: (877)503-6086

To:

(850)617-6381

Page: 1 of 3

09/26/2019 2:46 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H19000288465 3)))



H190002884653ABCA

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 : FANJUL ENTERPRISES LLC
Account Number : I201900000880
Phone : (305)603-8791
Fax Number : (877)503-6086

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

Email Address: _____

FILED
2019 SEP 26 PM 1:34
SEP 26 2019

FLORIDA PROFIT/NON PROFIT CORPORATION
OVIEDO TRANSPORTATION SERVICES CORP

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

S TALLER
SEP 27 2019

Electronic Filing Menu

Corporate Filing Menu

Help

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: OVIEDO TRANSPORTATION SERVICES CORP

ARTICLE II PRINCIPAL OFFICEPrincipal street address

13100 SW 13TH STREET

MIAMI, FL 33184

Mailing address, if different is:

13100 SW 13TH STREET

MIAMI, FL 33184

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KEIRY OVIEDO-P

Address: 13100 SW 13TH STREET

MIAMI, FL 33184

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED
2019 SEP 26 PM 1:34
CLERK OF CIRCUIT COURT
MIAMI COUNTY, FL

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: KEIRY OVIEDO
Address: 13100 SW 13TH STREET
MIAMI, FL 33184

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KEIRY OVIEDO
Address: 13100 SW 13TH STREET
MIAMI, FL 33184

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

 _____
Required Signature/Registered Agent

09/26/19
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.

 _____
Required Signature/Incorporator

09/26/19
Date