# P19000080730

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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OCT 30 2019

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# Incorporating Services, Ltd.

154**8** Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: accounting@incserv.com

## **ORDER FORM**

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops mstops@incserv.com 850.656.7953

**REQUEST\_DATE** 10/29/2019

**PRIORITY** Routine

**OUR REF # (Order ID#)** 778973

ORDER ENTITY

M.A.D. TRANSPORTATION 2 INC.

### PLEASE PERFORM THE FOLLOWING SERVICES: M.A.D. TRANSPORTATION 2 INC. (FL)

New corp filing

NOTES: \_\_\_\_\_\_\_\_\_\_\$70.00 Authorized

Email address for annual report reminders: lindab@servico.com

### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, October 29, 2019 Page 1 of 1

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRINCIPAL OFFICE Principal street address 1824 Snapper Dr.		Mailing address, if different is: P.O. Box 593016	
Kissimmee, FL 34759		Orlando, FL 32859	
<del></del>	the corporation is organized is:	in the transportation and trucking	business.
			Pro N
			NEW 2011
	SES 60 no par value f stock is:		2010 OCT 29 AY SECRETARISEE FO
Name and Tit	AL OFFICERS AND/OR DIRECTORS  Ic:	Name and Title:	AVII: S
Address	1824 Snapper Dr.		
	Kissimmee, FL 34759	<del>-</del>	<del></del>
Name and Titl	e:	Name and Title:	
Address		Address:	
	e;	Name and Title:	
Name and Titl	V	<del></del>	

Name a	nd Title:	Name and Title:
Addres	<u> </u>	
ARTICLE VI	REGISTERED AGENT	
The name and b	Parida street address (P.O. Box NOT acceptable Marco Acosta	c) of the registered agent is:
Name;	1824 Snapper Dr.	<del></del>
Address:	Kissimmec, FL 34759	
ARTICLE VII	INCORPORATOR	
	ddress of the incorporator is:	
Name:	Marco Acosta	
Address:	1824 Snappor Dr.	<u> </u>
	Kissimmee, FL 34759	<del></del>
ARTICLE VIII	EFFECTIVE DATE:	(OPTIONAL)
Effective date, it (If an effective ( tiling.)	other than the date of filing: into is listed, the date must be specific and can	nnot be more than five days prior or 90 days after the
Note: If the date the document's t	e inserted in this block does not meet the applica Meetive date on the Department of State's recon	able statutory filing requirements, this date will not be listed as
Having been na this certificate, I	ned ax registered agent to accept service of pro am familiar sylli and gefept the appointment as	cess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
Maa		/ /
6	Required Signature/Registored Agent	Date
i submit this do document to the	cument and affirm that the facts stated herein t Department of State constitutes a third degree fo	are true. I am aware that the false information submitted in telony as provided for in s.817.155, F.S.
	(A)	10/25/19
Requ	red Signature/Incorporator	Date

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