

P19000089803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

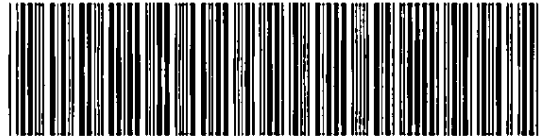
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: N & B Transport Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address: 5001 NW 179 St
Miami gardens Florida 33055
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To start transport
business

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Nicolas Vargas</u>	Name and Title:	
Address	<u>5001 NW 179 St</u> <u>Miami gardens</u> <u>Florida 33055</u>	Address:	
Name and Title:	<u>Barbara Beils</u>	Name and Title:	
Address	<u>5001 NW 179 St</u> <u>Miami gardens</u> <u>Florida 33055</u>	Address:	
Name and Title:		Name and Title:	
Address		Address:	

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: _____

N S B 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: _____

Barbara Betts

Name (Printed or typed)

5001 NW 1795+

Address

miami gardens, Florida 33055

City, State & Zip

786 253 1778

Daytime Telephone number

ofc betts@gmail.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOTE: Please provide the original and one copy of the articles.

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: Barbara Betts

Address: 5001 NW 179 St
Miami Gardens Florida 33055

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Barbara Betts

Address: 5001 NW 179 St
Miami Gardens Florida 33055

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TALLAHASSEE FLORIDA

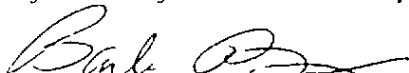
ARTICLE VIII EFFECTIVE DATE:

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

10/25/19
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

10/25/19
Date