

P1900093547

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.

((H19000363042 3)))



H190003630423ABC

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ALL DAY TRANSPORT CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2019 DEC 17 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

W. Lawrence

Dec. 18, 2019

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

Effective Date: January 1st, 2020

ARTICLE I NAME: The name of the corporation is:All Day Transport, Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

15754 SW 46st, Miami FL 33185**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Austin Anthony Tobar (P)2019 DEC 17 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FL

FILED


ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Austin Anthony Tobar
15754 SW 46 St miami FL
33185**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Austin Anthony Tobar
15754 SW 46 st miami FL
33185


Required Signatures:

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



Registered Agent 12/16/19
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.



Incorporator 12/16/19
Date

FILED
2019 DEC 17 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FL