

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : MAS INSURANCE & ACCOUNTING LLC
Account Number : T20170000039
Phone : (407) 301-2659
Fax Number : (407) 846-0320

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address:

brenda.mas@aef.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
ANEUDY TRANSPORT INC**

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

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: Aneudy 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: Aneudy Vazquez
Name (Printed or typed)

3268 Eagle Hammock Cir
Address

Missummee, FL 34743
City, State & Zip

787-675 3201
Daytime Telephone number

brenda.mas@apl.com
E-mail address: (to be used for future annual report notification)

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:

Aneudy Transport Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address
3268 Eagle Hammock Cir

Mailing address, if different is:

Kissimmee, FL 34743**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

All lawful acts**ARTICLE IV SHARES**

The number of shares of stock is:

1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Aneudy Vazquez (P.)

Name and Title:

Address

3268 Eagle Hammock Cir
Kissimmee, FL 34743

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Aneudy Vazquez
Address: 3268 Eagle Hammock Cir
Kissimmee FL 34743

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Aneudy Vazquez
Address: 3268 Eagle Hammock Cir
Kissimmee FL 34743

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

[Signature]
Required Signature/Registered Agent

1/23/2020
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.

[Signature]
Required Signature/Incorporator

1/23/2020
Date