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(((H20000026925 3)))



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To:

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

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

FLORIDA PROFIT/NON PROFIT CORPORATION ANEUDY TRANSPORT INC

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

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Corporate Filing Menu

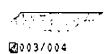
Help

COVER LETTER

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

SUBJECT: ANCULA	4 Tran	SOFT INC	
(PROPO	osed Corpor	ATE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and	a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificat	e of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: Aneudo	Nam	SCZ c (Printed or typed) AMMOCK CIR Address	
\$\desumm		Address 34743 State & Zip	
brenda	. mas 6	3201 Telephone number Out Com Tor future annual report no	ntification)

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)

		ransport Inc	****
B Eagle Hamme	FICE agreet address	Mailing address, if differ	rent is:
ecummer, fl	8474B		
TICLE III PURPOSE purpose for which the corpora	ution is organized is:	Lawful acts	
			-
TCLE IV SHARES number of shares of stock is:	1000		
1.7		1	
Name and Title: Hneu Address 3268	udy Vazovez (P.) Eagle Hammock	Name and Title:	
Name and Title: Hypeu Address 3268	dy Varover (P.)	· · · · · · · · · · · · · · · · · · ·	
Name and Title: Hneu Address 32CP Kissur	udy Vazovez (P.) Bagle Hammock (nnnee R. 34743	· · · · · · · · · · · · · · · · · · ·	
Address 3268 Kissur Name and Title:	udy Vazovez (P.) Bagle Hammock (nnnee R. 34743	Address: Name and Title:	
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Name and Title: Hreu Address 32CP Kissur Name and Title: Address Name and Title:	idy Vazovez (P.) Eagle Hammock (nonee, R. 34743	Address: Name and Title: Address: Name and Title:	

Name and Title:	Name and Title:
Address	
	-
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name: Weuty Varquet	
Address: 32,08 Eagle Hammock Coe	
Kirkinnee R 34743	
ABTICLE WILL INCORPOR TOO	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Meudy Chitaves	
Address. 3268 Eagle Hammock Cir	
XISSUMMER FL 34743	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filling:	(OPTIONAL)
(If an effective date is listed, the date must be specific and cannot filing.)	he more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the applicable s the document's effective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as
Havingheen named as registered about to assert and	
Having been named as registered agent to accept service of process for certificate, I am familiar with und accept the appointment as registered	The above stated corporation at the place designated in this digent and agree to act in this capacity
2 11 1	1/2/2020
Required Signature/Registered Agent	Dute
I submit this document and affirm that the facts stated herein are to	ue. I am aware that the false information submitted in a
document to the Department of State constitutes a third degree felony	us provided for in s.817.155, F.S.
Required Signature/Incorporator	