

P20000010029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

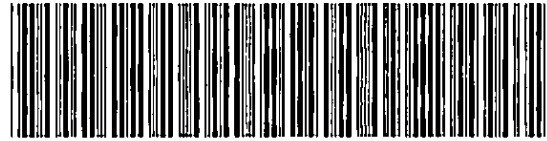
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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20 FEB -5 10:16:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 FEB -5 AM 9:29

FILED

FEB 04 2020

Brumbley

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • Tel 800-342-8062 • Fax (850) 222-1222

SB Transport and Services Inc

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature _____

Requested by: Seth

02/05/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

COVER LETTER

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

SUBJECT: SB TRANSPORT AND SERVICES 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: ADV ACCOUNTING & TAX SERVICES, LLC
Name (Printed or typed)

12701 S John Young Pkwy Suite 215
Address

Orlando FL 32818
City, State & Zip

407-641-0810
Daytime Telephone number

arleendavila@gmail.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: SB TRANSPORT AND SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13557 HARTLE GROVES PL APT 107

13557 HARTLE GROVES PL APT 107

CLERMONT, FL 34711

CLERMONT, FL 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

TRANSPORT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IORELLA E LOPEZ - Vice President

Name and Title: MARIA C HERNANDEZ -President

Address 13557 HARTLE GROVES PL APT 107

Address: 9680 Myrtle Creek Ln

CLERMONT, FL 34711

Orlando FL 32818

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2020 FEB -5 AM 9:29
TALLAHASSEE FLORIDA

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: IORELLA E LOPEZ
Address: 13557 HARTLE GROVES PL APT 107
Orlando FL 32818

ARTICLE VII INCORPORATOR

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

Name: ARLEEN DAVILA
ADV ACCOUNTING & TAX SERVICES, LLC
Address: 12701 S John Young Pkwy Suite 215
Orlando FL 32818

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/05/2020 (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 2/5/20
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.

Carol D. S. V2
Required Signature/Incorporator 02/05/2020
Date