

P200000 86790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

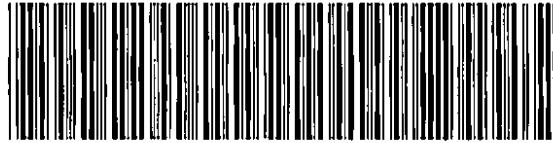
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W/20000127079

Office Use Only



800354474268

11/03/20--01020--009 **78.75

RECEIVED
2020 NOV -3 PM 2:48

C RICO
NOV 06 2020

FILED
2020 NOV -6 PM 3:25

CAPITAL CONNECTION, INC.

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

DRAGNIS TRANS INC

Signature _____

Requested by: Seth

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

124 Ponder's Printing • Tallahassee, GA 32301

____ 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 _____

COVER LETTER

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

SUBJECT: DRAGENIS TRANS 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: OLHA MORMUL

Name (Printed or typed)

100 VILLAGE GREEN DR SUITE 220

Address

LINCOLNSHIRE IL 60069

City, State & Zip

6304404975

Daytime Telephone number

admin@pbm-consulting.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: DRAGENIS TRANS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

3057 GRAND AVE
FORT MYERS FL 33901

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TRUCKING BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DRAGENIS MARK, PRESIDENT Name and Title: _____

Address 3057 GRAND AVE Address: _____
FORT MYERS FL 33901

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2020 NOV - 6 PM 3:25

FILED

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: DRAGENIS MARK

Address: 3057 GRAND AVE

FORT MYERS FL 33901

ARTICLE VII INCORPORATOR

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

Name: DRAGENIS MARK

Address: 3057 GRAND AVE

FORT MYERS FL 33901

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:

DRAGENIS MARK
Required Signature/Registered Agent

11/02/2020
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.

DRAGENIS MARK
Required Signature/Incorporator

11/02/2020
Date