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	Account Number : I20180000033			**	
	Phone : (305)805-3516 Fax Number : (305)887-5844			•	1: 34
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COVER LETTER

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

SUBJECT:		TRANSPORT INC		_		
Enclosed are an orig	ginal and one (I) copy of the art	icles of incorporation and	d a check for:			
X \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED			
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	MIRAMAR, FLORIDA 33027 City, State & Zip 786-320-2281		्य - य •	4 -: 34	í.	
	MEHDSONIDO@GM E-mail address: (to be used		otification)			

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

e of the corpo		
LEII PRI	NCIPAL OFFICE	
0 0337 430	Principal street address	Mailing address, if different
8 SW 139	TH TERR	5008 SW 139TH TERR
<u>RAMAR,</u>	FL 33027	MIRAMAR, FL 33027
TLE III PUR rpose for which	RPOSE the the corporation is organized is:	
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The <u>name and l</u> Name:	REGISTERED AGENT Florida street address (P.Q. Box No. 1) CONTROL OF SINGE	OT acceptable) of the registered agent	is:	
Address:	Micamar, F	1 33027		
ARTICLE VII	INCORPORATOR			* 12.0 * 1888
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	Miramar	FL 33021	८ क् स स	± 3 ₊
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) moi	ALL S. H. V. Required Signature/Regi	stered Agent	11/	10/2020 Date
		stated herein are true. I am aware th hird degree felony as provided for in		nation submitted in a
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Required Signal	ture/incorporator/		Date I	•