

11/14/2020

Division of Corporations  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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

From:  
 Account Name : TAX S PRO CORP  
 Account Number : I2020000147  
 Phone : (786)307-2733  
 Fax Number : (954)420-7118

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

Email Address: INFO @ TAX S PRO. com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
 LOYALTY EXPRESS TRANSPORTATION INC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$70.00 |

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### COVER LETTER

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

## LOYALTY EXPRESS TRANSPORTATION INC

SUBJECT: \_\_\_\_\_  
(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: **TAX S PRO CORP**  
Name (Printed or typed)  
**8030 PINES BLVD**  
Address  
**PEMBROKE PINES , FL 33024**  
City, State & Zip  
**786-866-9581**  
Daytime Telephone number  
**INFO@TAXSPRO.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: **LOYALTY EXPRESS TRANSPORTATION INC**

ARTICLE II PRINCIPAL OFFICE  
Principal ~~street~~ address: **13755 NW 23 AVE**  
**OPA LOCKA , FL 33054**  
Mailing address, if different is: **13755 NW 23 AVE**  
**OPA LOCKA , FL 33054**

ARTICLE III PURPOSE  
The purpose for which the corporation is organized is:  
**ANY AND ALL LAWFUL BUSINESS**

ARTICLE IV SHARES  
The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  
Name and Title: **MILLER EMERSON RUBIN JR , PRESIDENT** Name and Title:  
Address: **13755 NW 23 AVE** Address:  
**OPA LOCKA, FL 33054**

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

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

2020-11-14 11:33

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: TAX S PRO CORP  
 Address: 8030 PINES BLVD  
PEMBROKE PINES , FL 33024

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANWAR I PUELLO  
 Address: 8030 PINES BLVD  
PEMBROKE PINES , FL 33024

**ARTICLE VIII EFFECTIVE DATE:**

11/14/2020

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*

\_\_\_\_\_  
 Required Signature/Registered Agent 11/14/2020  
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.*

\_\_\_\_\_  
 Required Signature/Incorporator 11/14/2020  
Date