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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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Email	Address:		

FLORIDA PROFIT/NON PROFIT CORPORATION POSEIDON MIAMI TRANSPORT CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
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Electronic Filing Menu Corporate Filing Menu

Help

J DENINIS DEC 28 2020

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

Effective: 1-1-21
FIGURE 1 NAME: The name of the

The name of the corporat	ion is:
Poseidon Miami traj	1s port
ARTICLE II PRINCIPAL OFFICE:	y -
The principal street address and mailing address	is:
4140 Su) 153 PL	
MIAMI FI 32185	
	
ARTICLE III SHARES: The number of shares of stock is:	100
ADTICLE IV. PARENTAL DEDUCTIONS AND ASSESSED	
ARTICLE IV INITIAL DIRECTORS AND/OR O	FFICERS:
(Y) Lisvan Villala	<u>// }</u>
	
ARTICLE V INITIAL REGISTERED AGENT AND STR	EET ADDRESS:
The name and Florida street address (PO Box not acceptable) of th	e registered agent is:
- 4140 Sw 153 DL	
miami FL 33185	
LISVAN VILLALON	
ARTICLE VI INCORPORATOR: The name and address of	the Incorporator is:
Lisyan Villalon	F • • • • • • • • • • • • • • • • • • •

Required Signatures:

Having been named as registered agent to accept service of process for the above state corporation at the place designated in this certificate, I am familian with and accept appointment as registered agent and agree to act in this capacity

Begistern Agent

I submit this document and affirm that the facts stated herein are true. I am aware the false information submitted in a document to the Department of State constitutes third degree felony as provided for in s.817.155, F.S.

Incorporator

Date