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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2021

CAPITAL CONNECTION

SUBJECT: ELITE TRANSPORTATION OF ORLANDO CORP.

Ref. Number: W21000007255



We have received your document for ELITE TRANSPORTATION OF ORLANDO CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 221A00001637

CAPITAL CONNECTION, INC.

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

ELITE TRANSPORTA	ATION 407 (CORP			
	-				
			· · · · · · · · · · · · · · · · · · ·		<u> </u>
				Art of Inc. File	
				LTD Partnership File	
				Foreign Corp. File	
				L.C. File	
				Fictitious Name File	
				Trade/Service Mark	
			<u> </u>	Merger File	
				Art, of Amend, File	
				RA Resignation	
			<u> </u>	Dissolution / Withdrawal	
				Annual Report / Reinstatement	 -
				Cert. Copy	
				Photo Copy	
				Certificate of Good Standing	
			l	Certificate of Status	
				Certificate of Fictitious Name	.
				Corp Record Search	
				Officer Search	
				Fictitious Search	
Signature				Fictitious Owner Search	
_				Vehicle Search	
				Driving Record	
Requested by: SETH				UCC For 3 File	
Name	Date	Time		UCC 11 Search	
				UCC 11 Retrieval	
Walk-In	Will Pick Up			Courier	

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

Thu name of the corner	Ention shall be:	Elite Transportation 40	07 Corp	-	e Parati
		Line Transportation 40	ол согр	2021 JAH 28	18 C C C
ARTICLE II PRIN	<u>CIPAL OFFICE</u> Principal <u>street</u> address	M	lailing address, if d		
8122 Elsee D	· ——	141	aming address, it d	ifferent is:	FOTATE
Orlando FL 3					<u>···</u> ·
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:	Transportation			-
					_
					-
	RES f stock is: 1 AL OFFICERS AND/OR DIRECTO				
Name and Titl	e:_Hamed Said P	Name and Title:			
Address	8122 Elsee Dr orlando fl 3				-
					- -
Name and Title	<u> </u>	Name and Title:			_
Address		Address:			-
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Name and Title		Name and Title:			-
Address		Address:			-
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Name and Title	<u> </u>	Name and Title:	<u></u>
Address			<u> </u>
ARTICLE VI REGIS	STERED AGENT Street address (P.O. Box NOT acceptable) of	the societared as use in	
Name:	Hamed said	me registeren agent 15:	
Address:	8122 Elsee Dr orlando fl 32822	· · · · · · · · · · · · · · · · · · ·	122
		- <u></u> 2환 	121
ARTICLE VII INCO.	RPORATOR		JAH 28
The name and address	of the Incorporator is:	· .	22
Name:	Hamed said	· · · · · · · · · · · · · · · · · · ·	 ∙Ω
Address:	8122 Elsee Dr orlando fl 32822	امر نخر التا التا	52
ARTICLE VIII EFFE Effective date, if other t (If an effective date is filing.)	han the date of filing:	. (OPTIONAL) t be more than five days prior or 90 days after th	ie
Note: If the date inserte the document's effective	ed in this block does not meet the applicable added on the Department of State's records.	statutory filing requirements, this date will not be li	sted as
Having been named as r certificate, I am familiar	registered agent to accept service of process for with and accept the appointment as registere	r the above stated corporation at the place designate ed agent and agree to act in this capacity	d in this
1	Required Signature/Registered Agent	01/22/2021	\
I submit this document	-	Date true. I am aware that the false information submit.	
aveument to the Departi	negt of State constitutes a third degree felony	as provided for in s.817.155, F.S.	ted in á
N ~~	•	N~~~	
Required Signature/Inco	rporator	Date	 \