

Division of Corporations

P21 000007907

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 : 120200000147
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@TAXS PRO.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

LIGHT & LIFE TRANSPORT CORP

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

2021 FEB -3 PM 2:14

2021 FEB -3 PM 2:34

COVER LETTER

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

LIGHT & LIFE TRANSPORT CORP

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

TAX S PRO CORP

FROM:

Name (Printed or typed)

8030 PINES BLVD

Address

PEMBROKE PINES , FL 33024

City, State & Zip

786-307-2733

Daytime Telephone number

INFO@TAXSPRO.COM

E-mail address: (to be used for future annual report notification)

2014-11-27

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: LIGHT & LIFE TRANSPORT CORP

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
2022 NW 9 ST 2022 NW 9 ST
CAPE CORAL , FL 33993 CAPE CORAL , FL 33993

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: PRESIDENT Name and Title:
BRYTO MARTINEZ YURI
Address: 2022 NW 9 ST Address:
CAPE CORAL , FL 33993
Name and Title: Name and Title:
Address: Address:
Name and Title: Name and Title:
Address: Address:

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 PUELLO**
Address: **8030 PINES BLVD,**
PEMBROKE PINES , FL 33024

ARTICLE VIII EFFECTIVE DATE: **01/26/2021**

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

ANWAR PUELLO

01/26/2021

Required Signature/Registered Agent

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

Date

01/26/2021