

2/9/2021

Division of Corporations

P210000551273

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 : I20200000147
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
RIVER PLATE TRANSPORTATION CORP**

Certificate of Status	0
Certified Copy	0
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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

RIVER PLATE TRANSPORTATION 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)

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

2021 FEB -9 AM 9:07

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: **RIVER PLATE TRANSPORTATION CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

**199 DORSET E ,
BOCA RATON, FL 33434**

**199 DORSET E
BOCA RATON, FL 33434**

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:

GARCIA RODRIGUEZ VLADIMIR

Address

Address:

**199 DORSET E
BOCA RATON, FL 33434**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

201 FEB - 9 AM 9:07

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

2021 FEB -9 AM 9:07

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: **02/09/2021** (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

Required Signature/Registered Agent

02/09/2021

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

02/09/2021

Date