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03/31/21--01004--017 \*\*78.75



APR 1 2021 14

APR 31 2021 14

# COVER LETTER

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

SUBJECT: OPULENT EXECUTIVE TRANSPORT<sup>3</sup>, SHUTTLE GROUP INC  
(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: JOHN MASON  
Name (Printed or typed)

2850 SW 42<sup>nd</sup> Street  
Address

Fort. Lauderdale, Florida 33312  
City, State & Zip

(407) 750-7893

Daytime Telephone number

OpulentExecutiveTransport@gmail.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: OPulent EXECUTIVE Transport<sup>3</sup> SHUTTLE Group inc

ARTICLE II PRINCIPAL OFFICE

Principal street address  
2850 SW 42<sup>nd</sup> street  
Fort Lauderdale, FL 33312

Mailing address, if different is:

747 Florigen Lane  
Fairburn, GA 30213

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

ARTICLE IV SHARES

The number of shares of stock is: 100

2021 MAR 31 AM 10:47

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN mason President

Address: 747 Florigen Lane  
Fairburn, GA 30213

Name and Title: Vincent Smith Sec

Address: 747 Florigen Ln  
Fairburn Ga 30213

Name and Title: William Thomas VP

Address: 2662 Lake D'Ophelia  
Bld Kissimmee FL  
34746

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Michael Smith Treas

Address: 2850 SW 42<sup>nd</sup> street  
Fort Lauderdale, FL 33312

Name and Title: \_\_\_\_\_

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: John mason

Address: 2850 SW 42nd Street

Fort Lauderdale, FL 33312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John mason

Address: 2850 SW 42nd Street

Fort Lauderdale, FL 33312

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/26/2021 (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*

[Signature]  
Required Signature/Registered Agent

03/31/2021  
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.*

[Signature]  
Required Signature/Incorporator

03/31/2021  
Date