

P21000040603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

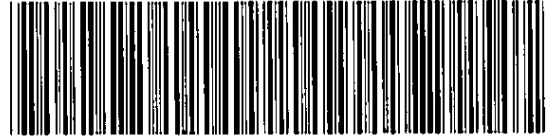
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200365685982

2021 MAY -6 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

05/06/21--01008--002 **78.75

2021 MAY -6 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FL 08/11
PROFIVED

COVER LETTER

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

SUBJECT: New Age Transport, 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 ☒ \$78.75
Filing Fee Filing Fee
& Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: Natalia Almeida
Name (Printed or typed)

6 Rye-Crest Lane
Address

Palm Coast, Florida 32164
City, State & Zip

386-569-0513
Daytime Telephone number

nalmeida65@yahoo.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: New Age Transport, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6 Rye Crest lane
Palm Coast, Florida 32164

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any legal purpose.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donald Almeida, President

Address 6 Rye Crest lane
Palm Coast, Florida 32164

Name and Title: Natalia Almeida, Vice President

Address: 6 Rye-Crest lane
Palm Coast, Florida 32164

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

2021 MAY -6 PM 9:53
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: _____

Steven S. Guardiano

Address: _____

412 N. Wild Olive Ave.
Baytona Beach FL 32118

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Natalia Almeida

Address: _____

6 Rye Crest Lane

Palm Coast, Florida 32164

FILED
2021 MAY -6 AM 9:53
SECTION OF STATE
TALLAHASSEE, FL


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

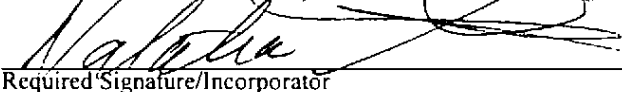
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 , Steven J. Guardiano, Reg. Agent 5/5/2021
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.

 5/5/2021
Required Signature/Incorporator Date