

P21000062247

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000255414 3)))



H210002554143ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ANTONY TRANSPORTATION CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2021 JUL -2 AM 8:30

2ND REQUEST

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUL -2 AM 9:28

FILED

2021 JUL -2 AM 9:28

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I NAME: The name of the corporation is:

ANTONY TRANSPORTATION CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

ANTONIO SIMON
11370 SW 57 ST MIAMI FL 33173

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

ANTONIO SIMON (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ANTONIO SIMON
11370 SW 57 ST
MIAMI FL 33173

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

ANTONIO SIMON
11370 SW 57 ST
MIAMI FL 33173

Required Signatures:

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



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.



Incorporator_____
Date

FILED
2021 JUL -2 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FL