P21000069105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☒ WAIT ☐ MAIL

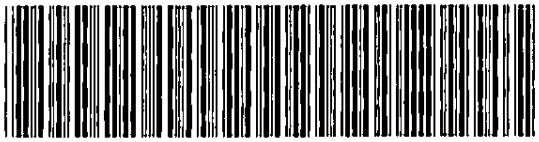
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200369722872

07/30/21--01004--003 **87.50

RECEIVED
2021 JUL 30 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2021 JUL 30 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: RM Trans Corp
(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: Robert Charles
Name (Printed or typed)

3342 NW 203 St
Address

Miami Gds, FL 33056
City, State & Zip

786-356-9048
Daytime Telephone number

rcharles002@yahoo.com
E-mail address: (to be used for future annual report notification)

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

FILED

2021 JUL 30 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FL

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: R M Trans Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3342 NW 203 st
Miami Gds, FL 33056

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Transport the Freight all over America

ARTICLE IV SHARES

The number of shares of stock is: 5

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Charles (Pres)
Address: 3342 NW 203 St
Miami Gds FL 33056

Name and Title:
Address:

Name and Title:
Address:

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: Robert Charles

Address: 3342 NW 203 St

Miami Gds, FL 33056

2021 JUL 30 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert Charles

Address: 3342 NW 203 St

Miami Gds, FL 33056

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/30/21 (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

_____ 07/30/21

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.

_____ 07/30/21

Required Signature/Incorporator Date