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.

(((H21000417559 3)))



H210004175593ABC1

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 **ARCEO'S TRANSPORTATION CORP**

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:		
ADCE 05 TRANSPORTATION CORP	,	
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
580 NW 114 AVE apt 101		
MIAHI FLORIDA		
<u>33/72</u>		
ARTICLE III SHARES: The number of shares of stock is: [ C )		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICEF;S:		
FORGE LUIS ARCED MORFA(P)		
580 NW 114 AVE apt 101 HIAMI FLORIDA		
HIAMI FLORIDA		
33172 SE	2021	
70 TO	NO.	
	0	:
ARTICLE V INITIAL REGISTERED AGENT AND STREET AUDRESS:	PH	; ;
The name and Florida street address (PO Box not acceptable) of the registered agent is:	7: 07	شعش
JORBE LUIS AROZED MORFA	7	
SPO NIW 114 AVE aft 101 HIAHI FLORIDA 33172		
MIANI FLORIDA 33172		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
TRO MUI 114 AVE DET IDI		
JORGE LUIS ARCEO MORFA 580 NW 114 AVE apt 101 MIAMI FL 33172		

## 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

2021 NOV TO PM 7: 01