

P 22000009590
 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.

((H22000054490 3)))



H220000544903ABC-

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 : I20000000019
 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
 NEW VISION TRANSPORT CORP**

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

EST 11:01 AM 02/11/2022

4/1

FILED
 2022 FEB 10 AM 1:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:New Vision transport corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1240 NW 3rd St Apt 4
Miami FL 33125**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Yulieskys Cabrera Cuesta
(P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

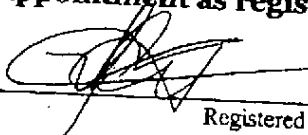
The name and Florida street address (PO Box not acceptable) of the registered agent is:

Yulieskys Cabrera Cuesta
1240 NW 3rd St Apt 4
Miami FL 33125**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Yulieskys Cabrera Cuesta
1240 NW 3rd St Apt 4
Miami FL 331252022 FEB 10 AM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

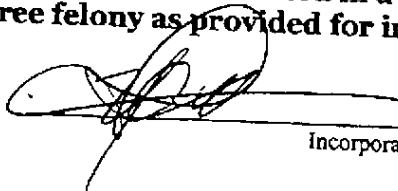


Registered Agent

02-10-2022

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

2022 FEB 10 AM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA