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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
ANTHONY'S SAFE TRANSPORT 1 INC

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

2022 OCT 21 PM 1:29

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Corporate Filing Menu

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AS

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: ANTHONY'S SAFE TRANSPORT 1 INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5601 PALM AVE

HIALEAH, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YASMANI HERNANDEZ ROMERO (P)

Name and Title:

Address

5601 PALM AVE

Address:

HIALEAH, FL 33012

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

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: YASMANI HERNANDEZ ROMERO
Address: 5601 PALM AVE
HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YASMANI HERNANDEZ ROMERO
Address: 5601 PALM AVE
HAILEAH, FL 33012


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

 _____
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.

 _____
Required Signature/Incorporator Date