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| Certified Copies Certific | tes of Status |
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| Special Instructions to Filing Officer. |] |
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Office Use Only

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DIVISION OF CUPPORATIONS
TALL / MASSEE, FLORIDA

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COVER LETTER

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

| SUBJECT: | Cira | Transportat | FION COPPENAME-MUST INCLE | |
|-----------------------|------------------------|-------------------------------------|---|--------------------------|
| | (F | PROPOSED CORPORA | TË NAME – <u>MUST INCLU</u> | JDE SUFFIX) |
| Enclosed are an orig | ginal and | one (1) copy of the artic | cles of incorporation and | a check for: |
| \$70.00 Filing Fee | S78 Filing & Cer | | □ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | & Certificate of Status |
| | - 1 | | lify Group (Printed or typed) Ad blyd S ddress | |
| | | Orlando FL, 32809 City. State & Zip | | |
| | 6-r | | 85-2417 elephone number Megualityar for future annual report n | OUP a WM otitication) |

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I NAME The name of the corporate | tion shall be: Cira Trans | portation Co | 40 |
|---|-------------------------------------|---------------------|--|
| ARTICLE II PRINC | | 1 | iddress, if different is: |
| | | <u></u> | 1 |
| 1 | 00d St prins, FL, 32714 | 129 Dog Altamor | ite Springs, FL, 3271 |
| | 1 0 | | . 5 |
| | | | |
| | | | |
| ARTICLE IV SHARA The number of shares of | | | |
| ARTICLE V INITIA | AL OFFICERS AND/OR DIRECTORS | | |
| Name and Title | :Heber Alexandro Ramirez P. | 100 Name and Title: | |
| Address | 129 Dogwood St | • | |
| | Altamovite Springs, Fl President | | · |
| | | | |
| Name and Title: | : | Name and Title: | |
| Address | | Address: | |
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| ARTICLE VI REGISTERED A | | |
| | ress (P.O. Box NOT acceptable) of the registered agent is: $ \frac{1}{\sqrt{1 - \frac{1}{2}}} = \sqrt{\frac{1}{2}} = \sqrt{\frac{1}} =$ | |
| Name: YWOWY | Aleyandro Ramirez Pup | / |
| Address: 129 DC | squood ST | |
| Altamo | onte springs, FL,327 | 14 |
| | 1 | 1 |
| ARTICLE VII INCORPORATO | <u>OR</u> | |
| The name and address of the Ingo | rporator is: | |
| | | na |
| Name: HEVEN | Alejandro Ramirez pu Dogwood St | F • |
| Address: | vogwada 51 | |
| Alta | monte Springs, FL, 327 | 14 |
| | | |
| ARTICLE VIII EFFECTIVE D | DATE: | |
| Effective date, if other than the date (If an effective date is listed, the | te of filing: (OPTIC date must be specific and cannot be more than five d | |
| filing.) | Care mass be openine and cannot be more man and | , u p |
| Note: If the date inserted in this b | slock does not meet the applicable statutory filing requir | ements, this date will not be listed as |
| the document's effective date on the | | |
| | | |
| Having been named as registered a certificate, I am familiar with and | igent to accept service of process for the above stated corp accept the appointment as registered agent and agree to | poration at the place designated in this act in this capacity |
| , | • | 12/16/22 |
| Peguire | SiclenT ed Signature/Registered Agent | Date |
| | | |
| | n that the facts stated herein are true. I am aware that tte constitutes a third degree felony as provided for in s.8 | |
| | esident | 12/16/22 |
| Required Signature/Incorporator | (2) (((1)) | Date Of the last |
| 1 | | |

December 15, 2022 Attn: Florida department of State Re: Affidavit of ownership Company's Name: Cira Transportation Corp. Type: Profit corporation Serves this letter to certify that I, Heber A Ramirez Pupo, is the owner of a company registered in Sunbiz named Cira Transportation Corp, a non-profit institution (N21000009734) that is already dissolved since 3/11/2022. Now, I am trying to apply for a new company with the same name as a profit institution and it was rejected for this reason. Find attached the application to the register the new company as a profit institution, my driver license and a copy of the old company dissolved as requested by phone. Please do not hesitate to dontact me for any questions at: 407-452-7477 **HEBER A RAMIREZ PUPO** STATE OF FLORIDA COUNTY OF Orthogo The above has been sworn to (or affirmed) and subscribed before me this 15 day of Dicembil 2077 by Heber A Ramire 2 Pupo. Personally Known_____ Produced Identification \(\frac{1}{2} \) Type of Identification Produced: \(\frac{1}{2} \) Notzry Public Name mayler Falcon moreton.

> Notary Public State of Florida Maylen Falcon Morejon My Commission GG 298215

Notary Public Stamp_

Notary Public Signature