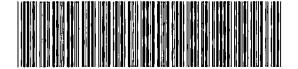
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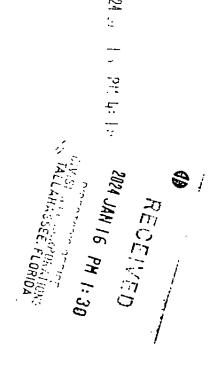
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(C	ity/State/Zip/Phone	e #)
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	ocument Number)	
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Office Use Only



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## **COVER LETTER**

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

SUBJECT: REDLAND TANSPORT CORP

## (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

nclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	1 a check for:
□ \$70.00 Filing Fee	TV \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy
		ADDITIONAL CO	& Certificate of Status DPV REQUIRED

FROM:	LESTER ALONSO
	Name (Printed or typed)
	11921 NW 4TH ST
	Address
	MIAMI, FL 33182
	City, State & Zip
	786-23-0206
	Daytime Telephone number
	acuba19@yahoo.es
•	E-mail address: (to be used for future annual report notification)

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)

	<u>TPAL OFFICE</u>	·	
	Principal <u>street</u> address	Mailing addre	ss, if different is
F 33182			
	<del></del>		
zuru brob	ver.	···	
CLE III PURPO urpose for which t	he corporation is organized is: TR	ANSPORTATION	
		<del> </del>	
TCLE IV SHAR	ES stock is: 1		
number of shares of	stock is:		
	L OFFICERS AND/OR DIRECTO	_	
Name and Title	LESTER ALONSO PRES	SIDENT Name and Title:	
Address	11921 NW 4TH ST	Address:	
	MIAMI, FL 33182		
	WITAIVII, I L 33102	<del>_</del>	
	WIAWI, 1 L 33102		
Name and Title:		Name and Title:	
Name and Title:			
Address			
Address  Name and Title:		Address:  Name and Title:	
Address		Address:  Name and Title:	
Address  Name and Title:		Address:  Name and Title:	
Address  Name and Title:		Address:  Name and Title:	

Address:  ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registe  Name: LESTER ALONSO  Address:  11921 NW 4TH ST  MIAMI, FL 33182  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	
The name and Florida street address (P.O. Box NOT acceptable) of the registe  Name:  Address:  LESTER ALONSO  11921 NW 4TH ST  MIAMI, FL 33182  ARTICLE VII INCORPORATOR	
The name and Florida street address (P.O. Box NOT acceptable) of the registe  Name:  Address:  LESTER ALONSO  11921 NW 4TH ST  MIAMI, FL 33182  ARTICLE VII INCORPORATOR	
The name and Florida street address (P.O. Box NOT acceptable) of the registe  Name:  Address:  LESTER ALONSO  11921 NW 4TH ST  MIAMI, FL 33182  ARTICLE VII INCORPORATOR	
The name and Florida street address (P.O. Box NOT acceptable) of the registe  Name:  Address:  LESTER ALONSO  11921 NW 4TH ST  MIAMI, FL 33182  ARTICLE VII INCORPORATOR	
Name:         LESTER ALONSO           Address:         11921 NW 4TH ST           MIAMI, FL 33182    ARTICLE VII INCORPORATOR	red agent is:
MIAMI, FL 33182  ARTICLE VII INCORPORATOR	
<u>ARTICLE VII INCORPORATOR</u>	
LESTED ALONSO	
11001 NIM ATH CT	
Address: 11921 NW 4TH ST	
MIAMI, FL 33182	
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be more	, (OPTIONAL) than five days prior or 90 days after the
filing.)	
<u>Note</u> : If the date inserted in this block does not meet the applicable statutory f the document's effective date on the Department of State's records.	ling requirements, this date will not be listed as
Having been named as registered agent to accept service of process for the above certificate, I am familiar with and accept the appointment as registered agent as	
LESTER ALONSO	01/12/2024
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are true. I am document to the Department of State constitutes a third degree felony as provide	· · · · · · · · · · · · · · · · · · ·
LESTER ALONSO	01/12/2024
Required Signature/Incorporator	

2024

**i**.