

P240000019740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

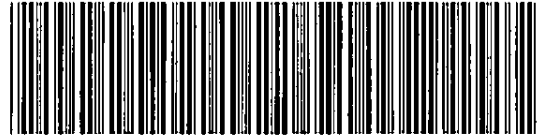
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MS

## Advanced Incorporating Service

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [wlopez@aisincfl.com](mailto:wlopez@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY  
Cactus Transport, Inc.

FOR OFFICE USE ONLY

### PICK ONE:

☒ CERTIFIED COPY ☐ PHOTOCOPY ☒ C.U.S.

### FILING:

☒ CORPORATION ☐ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME ☐ SERVICE MARK/TRADEMARK ☐ AMENDMENT  
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN  
☐ OTHER \_\_\_\_\_

### RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY  
Of \_\_\_\_\_

### APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 3/20/24 TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

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2024 MAR 20 PM 4:55  
TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

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: Cactus Transport, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1111 SW 32nd Terrace  
Cape Coral, FL 33914

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

Operations for a Transfer, Transport, Storage and Delivery Company in the State of Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Didier Rivas, Pres/VP/Sec/Treas. Name and Title: \_\_\_\_\_

Address: 1111 SW 32nd Terrace Address: \_\_\_\_\_  
Cape Coral, FL 33914

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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CLERK OF DISTRICT COURT  
NINTH JUDICIAL CIRCUIT  
MIAMI, FLORIDA

FILED

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: Didier Rivas  
Address: 1111 SW 32nd Terrace  
Cape Coral, FL 33914

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Didier Rivas  
Address: 1111 SW 32nd Terrace  
Cape Coral, FL 33914

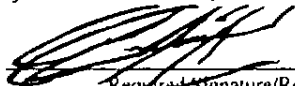
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/13/2024 (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 \_\_\_\_\_ intment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

03/12/2024

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 \_\_\_\_\_ a third degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature Incorporator

03/12/2024

Date

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