

Division of Corporations

P 24 0 000 69278
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.

(((H24000373154 3)))



H2400037315434BCS

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 : ALEX PINA CO.
Account Number : I20190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: client@alexpina.co

FLORIDA PROFIT/NON PROFIT CORPORATION
SCH TRANSPORT CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED

2024 NOV -8 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 NOV -8 AM 7:46

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

SCH Transport Corp

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

8036 NW 7th St Apt 28 Principal street address

Mailing address, if different is:

Miami, FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any And All Lawful Purpose.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nestor E Angarita Quintero - President

Name and Title: Olga C Gimenez Rodriguez - Director

Address: 8036 NW 7th St Apt 28

Address: 8036 NW 7th St Apt 28

Miami, FL 33126

Miami, FL 33126

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____
 Name: _____
 Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Alex Pina Co.
 Address: 8400 NW 36th St Ste 450
Doral, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nestor E Angarita Quintero
 Address: 8036 NW 7th St Apt 28
Miami, FL 33126

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

[Signature] _____ 11/08/2024
 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.

[Signature] _____ 11/08/2024
 Required Signature/Incorporator Date

FILED
 2024 NOV - 8 AM 7:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA