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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ACCOUNTING WORLD LLC
Account Number : I20240000018
Phone : (702)538-3080
Fax Number : (850)757-0042

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

Email Address: mmgautotransport@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
MMG AUTO TRANSPORT INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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NOV 25 AM 9:46

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COVER LETTER

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

SUBJECT: MMG AUTO TRANSPORT INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee.
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: SUSANA VELAZQUEZ JARAMILLO

Name (Printed or typed)

204 PUNTA ALTA CT

Address

LEHIGH ACRES, FL 33936

City, State & Zip

5619806213

Daytime Telephone number

mmgautotransport@gmail.com

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)

ARTICLE I NAMEThe name of the corporation shall be: MMG AUTO TRANSPORT INCARTICLE II PRINCIPAL OFFICEPrincipal street address204 PUNTA ALTA CT
LEHIGH ACRES, FL 33936

Mailing address, if different is:

204 PUNTA ALTA CT
LEHIGH ACRES, FL 33936ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which the corporation is organized is to engage in the business of hauling vehicles, including but not limited to operating as a car carrier company, providing transportation services for automobiles and other vehicles, and performing all activities incidental or related to such operations.

ARTICLE IV SHARESThe number of shares of stock is: 1,000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: SUSANA VELAZQUE JARAMILLOAddress: 14481 LINCOLN BLVD
MIAMI FL 33176DIRECTORName and Title: ALEXEIS GORRA AVILAAddress: 204 PUNTA ALTA CT
LEHIGH ACRES FL 33936DIRECTOR

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF COURT
JULIA A. HASSLER, CLERK
CLERK OF COURT
JULIA A. HASSLER, CLERK

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: SUSANA VELAZQUEZ JARAMILLO
Address: 14481 LINCOLN BLVD
MIAMI FL 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SUSANA VELAZQUEZ JARAMILLO
Address: 14481 LINCOLN BLVD
MIAMI FL 33176

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/22/2024 (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 the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent
11/22/2024
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 State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator
11/22/2024
Date