

P21000040603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

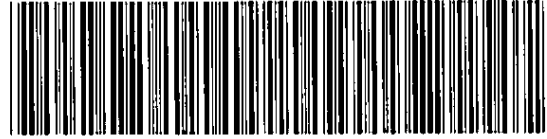
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2021 MAY -6 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

05/06/21--01008--002 **78.75

2021 MAY -6 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FL 0811
PROFIVED

COVER LETTER

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

SUBJECT: New Age 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: Natalia Almeida
Name (Printed or typed)

6 Rye-Crest Lane
Address

Palm Coast, Florida 32164
City, State & Zip

386-569-0513
Daytime Telephone number

nalmeida65@yahoo.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 NAME

The name of the corporation shall be: New Age Transport, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 6 Rye Crest lane
Palm Coast, Florida 32164

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any legal purpose.

RECORDED
MAY 16 9 53 AM '06
TALLAHASSEE, FL

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Donald Almeida, President</u>	Name and Title: <u>Natalia Almeida, Vice President</u>
Address: <u>6 Rye-Crest lane</u> <u>Palm Coast, Florida 32164</u>	Address: <u>6 Rye-Crest lane</u> <u>Palm Coast, Florida 32164</u>

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

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

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: Steven S. Guardiano
 Address: 412 N. Wild Olive Ave.
Baytona Beach FL 32118

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 TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

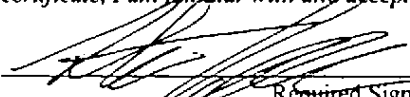
Name: Natalia Almeida
 Address: 6 Rye Crest Lane
Palm Coast, Florida 32164

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

, Steven J. Guardiano, Reg. Agent 5/5/2021
 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.

 5/5/2021
 Required Signature/Incorporator Date