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TALLAHASSEE, FLORIDA

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J 1/27/11

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WHITE LION MOVING SYSTEMS

OF SOUTH FLORIDA, INC.

WHITELIONMOVING@

ROCKETMAIL.COM

- \_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_ L.C. File \_\_\_\_\_
- \_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_ Merger File \_\_\_\_\_
- \_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_ Officer Search \_\_\_\_\_
- \_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_ Driving Record \_\_\_\_\_
- \_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_ Courier \_\_\_\_\_

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Signature \_\_\_\_\_

Requested by: SETH

01/26/11

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

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: **WHITE LION MOVING SYSTEMS OF SOUTH FLORIDA, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**1900 NW 1ST CT.  
BOCA RATON, FL 33432**

Mailing address, if different is:

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DIVISION OF CORPORATIONS  
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**PROVIDE LOCAL MOVING SERVICES  
IN FLORIDA FOR A PROFIT.**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: **JAMES FISCHER (PRES)** Name and Title: \_\_\_\_\_  
Address: **287 WEST RD #52** Address: \_\_\_\_\_  
**OCOE, FL 34761**

Name and Title: **ELAINA FISCHER (V.P.)** Name and Title: \_\_\_\_\_  
Address: **287 WEST RD #52** Address: \_\_\_\_\_  
**OCOE, FL 34761**

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: **JAMES FISCHER**  
Address: **287 WEST RD #52**  
**OCOE, FL 34761**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **JAMES FISCHER**  
Address: **287 WEST RD #52**  
**OCOE, FL 34761**

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 **1/24/11**  
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 **1/24/11**  
Date