

Division of Corporations

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P14000067036

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

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Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
Pro Transport Savannah, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	0405
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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August 8, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

E-FILE
C T CORPORATION SYSTEM

SUBJECT: PRO TRANSPORT SAVANNAH, INC.
REF: W14000048673

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Sylvia Gilbert
Regulatory Specialist II
New Filing Section

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RE-SUBMIT

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COVER LETTER

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

SUBJECT: Pro Transport Savannah, 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: Michael Shelley
Name (Printed or typed)
10800 N.W. South River Dr.
Address
Medley, FL 33178
City, State & Zip
305-798-5522
Daytime Telephone number
mshelley305@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED

2014 AUG -7 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Pro Transport Savannah, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address
10800 N.W. South River Dr. Medley, FL 33178

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TRANSPORTATION AND LOGISTICS

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Oscar Acharandio, President Name and Title: _____
Address 10800 N.W. South River Dr. Address: _____
Medley, FL 33178 _____

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

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

(cont.)

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: C T Corporation System

Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Shelley

Address: 10800 N.W. South River Dr.
Medley, FL 33178

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

By: C T Corporation System Assistant Secretary 7/21/2014
Daryl Dyer 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] Required Signature/Incorporator 8/1/2014
Date