

H140001982913

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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

Email Address: _____

14 AUG 22 PM 2:32
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

RECEIVED

14 AUG 22 AM 11:12

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
Pro Transport Jacksonville Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

COVER LETTER

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

SUBJECT: Pro Transport Jacksonville 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.

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 Jacksonville 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
The number of shares of stock is: 100

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: _____

14 AUG 22 PM 2:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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 7/21/2014
Assistant Secretary Date
Required Signature/Registered Agent

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.

Michael Shelley
Required Signature Incorporator

8/21/14
Date
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
 14 AUG 22 PM 2:32