

N19000005115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

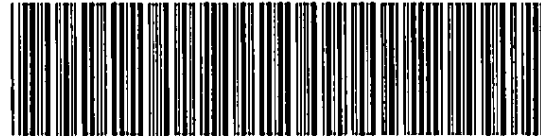
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19-363804

Office Use Only

MPLE
MAY 4 1 2019



200327203912

04/04/19--01014--023 **87.50

FILED
19 MAR -4 PM 4:13
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Carl's Senior Transport, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Carl G. Bott, Jr.

Name (Printed or typed)

7260 Gas Line Road

Address

Keystone Heights, FL 32656

City, State & Zip

(352)23502491

Daytime Telephone number

carl.bott@mc.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Carl's Senior Transport, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7260 Gas Line Road

Mailing address, if different is:

Keystone Heights, FL 32656

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide free transportation for seniors to and from the Keystone Heights community center; provide senior citizens with free transportation for grocery shopping, medical visits and pharmacy visits; and to assist in the care and feeding of elderly citizens that are not able to leave their home.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

elected individuals from the community who have invested interests in the welfare of the elderly in care community.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paul Luke / Officer Name and Title:

Address: 17882 N.E. 28th Ave Address:

Stark, FL 32091
Director

Name and Title: ALFREDA CADD Name and Title:

Address: 6538 Path 1st Address:

Keystone Hts, FL 32656
Officer/Director

Name and Title: Name and Title:

Address: Address:

FILED
19 MAR -4 PM 4:18
CLERK OF DISTRICT COURT
JACKSONVILLE, FL 32204

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: Charles D. Sikes

Address: 817 MacMahon Street

Starke, FL 32091

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carl G. Bott, Jr.

Address: 7260 Gas Line Road

Keystone Heights, FL 32656

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

Required Signature of Registered Agent

26 MAR 2019
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §817.155, F.S.

Carl G. Bott, Jr.
Required Signature of Incorporator

26 MAR 2019
Date

FILED

19 MAR -4:20 PM 4:18