

TRANSMITTAL LETTER

P000000110335

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

SUBJECT: HOPE TRANSPORT, INC.
(Proposed corporate name - must include suffix)

000003476630--3
-11/28/00--01006--025
*****78.75 *****78.75

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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Mervin Wescoat
Name (Printed or typed)

6405 Anthony Road
Address

Ocala, Florida 34479
City, State & Zip

(352) 732-6484
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 NOV 27 PM 2:19

FILED

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

gy 11/29

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be HOPE TRANSPORT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
6405 Anthony Road, Ocala, Florida 34479

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100 (One Hundred)

ARTICLE IV REGISTERED AGENT

The name and Florida street address of the initial registered agent are:
Robert C. Greene, 2838 SE 37th Street, Ocala, Florida 34471

ARTICLE V INCORPORATOR

The name and address of the incorporator to these articles of incorporation are:
Mervin Wescoat: 6405 Anthony Road, Ocala, Florida 34479.


Signature/Incorporator

Date

10/1/00

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent

Date

10/1/00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA