

TRANSMITTAL LETTER

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

P010000006890

FILED  
01 JAN 18 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT:

T & W EXP. INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400003523174--1

-01/04/01--01056--009

\*\*\*\*\*70.00 \*\*\*\*\*70.00

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:

PUI K LAM

Name (Printed or typed)

5367 W STATE ST.

Address

HOMOSASSA, FL 34446

City, State & Zip

(352) 621-6914

Daytime Telephone number

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

W01-558

1-9-01  
1-18-01



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 9, 2001

PUI K LAM  
5367 W. STATE ST.  
HOMOSASSA, FL 34446

SUBJECT: T & W EXP. INC.  
Ref. Number: W01000000558

We have received your document for T & W EXP. INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6929.

Joey Bryan  
Document Specialist

Letter Number: 701A00001114

# 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:

G. C. Exp INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5367 W STATE ST  
HOMOSASSA, FL 34446

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRUCKING INCLUDING DELIVERY OF MERCHANDISE

## ARTICLE IV SHARES

The number of shares of stock is:

5000 SHARES

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

YING K. LAM (PRESIDENT)

5367 W STATE ST

PUI K LAM (SECRETARY)

HOMOSASSA, FL 34446

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

PUI K LAM

5367 W STATE ST, HOMOSASSA, FL 34446

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PUI K LAM

5367 W STATE ST, HOMOSASSA, FL 34446

\*\*\*\*\*

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

Pui K. Lam

Signature/Registered Agent

Jan 3, 01

Date

Pui K. Lam

Signature/Incorporator

Jan 3, 01

Date

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