

PO1000010713

TRANSMITTAL LETTER

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

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-01/29/01--01100--004
*****87.50 *****87.50

SUBJECT: Bullard Transportation 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: Maryann Bullard
Name (Printed or typed)

4799 N. Pinehills Rd
Address

Apt 101 - Olando FL 32808
City, State & Zip

407-523-1579
Daytime Telephone number

FILED
01 JAN 29 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Feb 1/29
②

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:

Bullard Transportation Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4799 N. Pinehills RD
Orlando FL 32808

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Maryann Bullard
4799 N. Pinehills RD
Orlando FL 32808

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Maryann Bullard
4799 N Pinehills RD Orlando FL 32808

Maryann Bullard
Signature/Incorporator

1-24-01

Date

(An additional article must be added if an effective date is requested.)

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

Maryann Bullard
Signature/Registered Agent

1-04-01

Date

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01 JAN 29 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA