

TRANSMITTAL LETTER

P01000066684

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

APPROVED  
FILED  
01 JUL -6 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: BIG DADDYS 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 of Status

ADDITIONAL COPY REQUIRED

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FROM: Stephen L Smith  
Name (Printed or typed)

4806 Foxboro Rd  
Address

Jacksonville FL 32208  
City, State & Zip

904 781-6317  
Daytime Telephone number

300004463203--9  
-07/09/01--01006--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

2

JP 7/10

# 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:

BIG DADDY'S TRANSPORT INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4806 Foxboro Rd Jacksonville FL  
32208

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Commercial Transport

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Stephen L. Smith  
4806 Foxboro Rd  
Jacksonville, FL 32208

## ARTICLE VI REGISTERED AGENT

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

Stephen L. Smith  
4806 Foxboro Rd  
Jacksonville FL 32208

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Stephen L. Smith  
4806 Foxboro Rd  
Jacksonville FL 32208

\*\*\*\*\*  
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

Signature/Registered Agent

Date

Signature/Incorporator

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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