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(Requestor's Name)				
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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special instructions to Filing Officer:				
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SEGMANSSEE, FLORIDA

## TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327<sup>-</sup> Tallahassee, FL 32314

SUBJECT: EL	PROPOSED CORPORA	ICES INC.			
<del></del>	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	IDE SUFFIX)		
Enclosed are an orig	rinal and one (1) copy of the arti	cles of incorporation and	a check for:		
D 570 00	<b>□</b> \$78.75	<b>□</b> \$78.75	\$87.50		
☐ \$70.00 Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
rung rec	& Certificate of Status	& Certified Copy	Certified Copy		
	a certificate of barras	a common copy	& Certificate of		
			Status		
		ADDITIONAL CO	PY REQUIRED		
EBOM.	STEAUNITE NAR	-4.1			
FROM:	STEPHANIE NOR	(Printed or typed)			
P.O. Box 130585					
Address					
TAMA1 01 22101 -05					
,	TAMPA, FL 331	State & Zip			
	812-831-ADIIA				
8/3-83/-0340 Daylime Telephone number					

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME	03 MAR -3 PM 2:51
The name of the corporation shall be:	
EL'SHADDAI SERVICES, INC.	SECRETAIN OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	<del></del>
The principal place of business/mailing address is:	
P.O. Box 130585-	
TAMPA, FL 33681-0585	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
TRUCKING SERVICES, + OTHER SERVICES.	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	
STEPHANTE D. NORMAN -C.E.O.	
P.D. Box 130585	
TAMPA, FL. 33 681-0583	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> of the registered agent is:	
STEPHANIE NORMAN 7009 #801 INTERBAY BLUD,	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
The name and address of the incorporator is:  STEPHANIE NORMAN  7009 #801 ENTEABAY BLVD.	
TAMPA, FL. 33616	******
Having been named as registered agent to accept service of process for the above stated corporation certificate, I am familiar with and accept the appointment as registered agent and agree to act in this	
State : down	Feb. 03
Signature/Registered Agent	Date
2/1/2	(Feb.03
Signature/Incorporator	Date