# P04000029553

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

Office Use Only



300028007193

02/05/04--01043--017 \*\*87.50



### TRANSMITTAL LETTER

marine

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

| SUBJECT: CAF         | E COD AUTO TRANSPORT                | , INC.                   |                                    |                |
|----------------------|-------------------------------------|--------------------------|------------------------------------|----------------|
| SOMECI.              | (PROPOSED CORPORAT                  | E NAME – <u>MUSTINGL</u> | (A CECUSECTOR)                     | -              |
|                      |                                     |                          |                                    |                |
|                      |                                     |                          |                                    |                |
| Enclosed are an orig | ginal and one (1) copy of the artic | les of incorporation and | la check for                       |                |
| enclosed are an orig | smar and one (r) oopy or the unit   | ies of meorporation are  | ta check for.                      |                |
| <b>\$70.00</b>       | <b>\$78.75</b>                      | \$78.75                  | <b>☑</b> \$87.50                   |                |
| Filing Fee           | Filing Fee & Certificate of Status  | Filing Fee               | Filing Fee,                        |                |
|                      | & Certificate of Status             | & Certified Copy         | Certified Copy<br>& Certificate of |                |
|                      |                                     |                          | Status                             |                |
|                      |                                     | ADDITIONAL CO            | DPY REQUIRED                       |                |
| EROM: N              | MARILYN MECKSTROTH                  |                          |                                    |                |
| 1110111.             |                                     | Printed or typed)        |                                    | and the second |
|                      | 13967 156 ST N.                     |                          |                                    |                |
| Address              |                                     |                          |                                    |                |
|                      |                                     |                          |                                    |                |
|                      | JUPITER, FL 33478                   |                          |                                    | <del></del> -  |
|                      | City, S                             | tate & Zip               |                                    |                |
|                      | 561-741-0809                        |                          |                                    |                |
|                      | Daytime Te                          | lephone number           | <del></del>                        | <u> </u>       |

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)

ARTICLE I NAME

The name of the corporation shall be:

Cape Cod Auto Marine Transport, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 13967 156 ST N.
JUPITER, FL 33478

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

AUTO TRANSPORT 4 book transport

#### ARTICLE IV SHARES

The number of shares of stock is:

100

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
MARILYN MECKSTROTH
13967 156 ST N
JUPITER, FL 33478

PRES, SECT, TREAS

#### ARTICLE VI REGISTERED AGENT

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

MARK LUCIANI C/O CONSULTING SOLUTIONS, INC. 9656 NW 7TH CIRCLE PLANTATION, FL 33324

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARILYN MECKSTROTH 13967 156 ST N JUPITER, FL 33478

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

FILED

04 FEB -5 AM 9: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| Mark Luciani               | 2-2-04 |
|----------------------------|--------|
| Signature/Registered Agent | Date   |
| manilya mediotals          | 2-2-04 |
| Signature/Incorporator     | Date   |