

P04000088858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

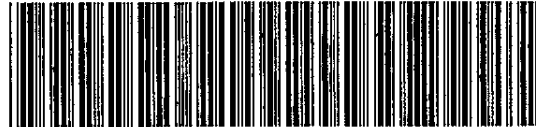
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04 JUN -7 PM 3:19  
STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT: LAKELAND LOGISTICS STAFFING, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: DOUGLAS M. DAVID  
Name (Printed or typed)

4833 CYPRESS WOODS DRIVE, SUITE 4303  
Address

ORLANDO, FLORIDA 32811  
City, State & Zip

(407) 256-8931  
Daytime 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)

## ARTICLE I NAME

The name of the corporation shall be:

LAKELAND LOGISTICS STAFFING, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4833 CYPRESS WOODS DRIVE, SUITE 4303  
ORLANDO, FLORIDA 32811

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL BUSINESS PURPOSE AUTHORIZED WITHIN THE STATE.

## ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

PRESIDENT - DOUGLAS DAVID 4833 CYPRESS WOODS DRIVE, SUITE 4303  
ORLANDO, FLORIDA 32811

SECRETARY - LAURA DAVID 4833 CYPRESS WOODS DRIVE, SUITE 4303  
ORLANDO, FLORIDA 32811

## ARTICLE VI REGISTERED AGENT

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

DOUGLAS DAVID 4833 CYPRESS WOODS DRIVE, SUITE 4303  
ORLANDO, FLORIDA 32811

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DOUGLAS DAVID 4833 CYPRESS WOODS DRIVE, SUITE 4303  
ORLANDO, FLORIDA 32811

\*\*\*\*\*

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