

P04000137803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

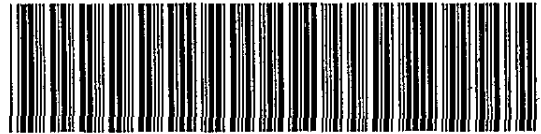
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: FLORIDA SPECIALIZED TRANSPORT, 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  
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

FROM: JAMES NIELSON  
Name (Printed or typed)

11201 - 22nd AVENUE N.  
Address

LARGO, FL 33778-2626  
City, State & Zip

(727) 592-0300  
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:

FLORIDA SPECIALIZED TRANSPORT, INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4460 107<sup>th</sup> CIRCLE N.  
CLEARWATER, FL 33762

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FLORIDA FOR PROFIT  
TRANSPORT OF EQUIPMENT

## ARTICLE IV SHARES

The number of shares of stock is:

100 @ \$1.00

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JAMES NIELSON - DIRECTOR  
11201 122nd AVE N.  
LARGO, FL 33778-2626

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JAMES NIELSON  
11201 122nd AVENUE N.  
LARGO, FL 33778-2626

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES NIELSON  
11201 122nd AVENUE N.  
LARGO, FL 33778-2626

\*\*\*\*\*

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

James R. Nielson  
Signature/Registered Agent

Date

10-1-04

James R. Nielson  
Signature/Incorporator

Date

10-1-04

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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