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Certified Copies	_ Certificates	of Status
Special Instructions to	Eilma Officer	
Special insuductions to	Filling Officer.	:
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Office Use Only



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## TRANSMITTAL LETTER

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

SUBJECT:	110-01 00	lovers I	nc.	
	(PROPOSED CORPORAT	E NAME – <u>MUST INCLUI</u>	<u>JE SUFFIX</u> )	
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  ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED	
FROM: Todd D. Smith  Name (Printed or typed)  11401 M. L. K. ST. N #-1509				
- - -	St. Peters burg	1 FL State & Zip 2 ~ 0 8 5 3	337/6 STATE	
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: Motiva ted Movers IhC ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1509 11401 M.L.K ST. N. St. Peters Larg FC 33716 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Transporting household goods. ARTICLE IV SHARES The number of shares of stock is: (1)() ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Jeffrey M. Hall /Officer) 11401 MLK ST. NEG St. Pete FC 33716 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: MIKST N # 1508 St. Peters burg FC ARTICLE VII INCORPORATOR The name and address of the Incorporator is: D. Smith MIK St.N # 1509 St. Petusburg 337/6 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 ignature/Registered Agent

Signature/Incorporator