

205000118721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers AUG 25 2005

## TRANSMITTAL LETTER

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

**SUBJECT:** SUPER MIX 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:** SUPER MIX TRANSPORT, INC.

Name (Printed or typed)

P.O. BOX 75707

Address

TAMPA FL 33675

City, State & Zip

(813) 918-8581

Daytime Telephone number

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TALLAHASSEE, FL 32310

**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:

SUPER MIX TRANSPORT, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 75707  
TAMPA FL 33675

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the Corporation is to engage in any lawful activity permitted by the laws of this state.

## ARTICLE IV SHARES

The number of shares of stock is:

750 -- Common shares with par value of \$10.00 (Ten and 00/100 dollars) per share

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BRIAN McLEOD  
7022 GLENVIEW DRIVE  
TAMPA FL 33619

## ARTICLE VI REGISTERED AGENT

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

BRIAN McLEOD  
7022 GLENVIEW DRIVE  
TAMPA FL 33619

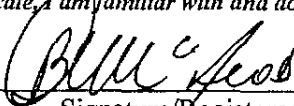
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BRIAN McLEOD  
7022 GLENVIEW DRIVE  
TAMPA FL 33619

\*\*\*\*\*

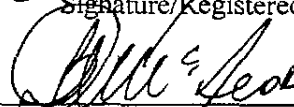
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

08-17-2005

Date



Signature/Incorporator

08-17-2005

Date

SECRETARY OF STATE  
TAMPA, FLORIDA

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