

PO5000167395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

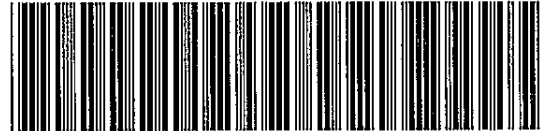
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: CAPITAL LOGISTICS MANAGEMENT Group
(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: PATRICIA A. LEE
Name (Printed or typed)

5001 LAKEFRONT DR. SUITE 15
Address

TALLAHASSEE, FL 32303
City, State & Zip

850-562-5892
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:

CAPITAL LOGISTICS MANAGEMENT GROUP INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*4909 N. MONROE
Tallahassee, FL 32303*

*ma. 1 To: 5001 Lakefront Dr L-5
Tallahassee, FL 32303*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Provide Service To Public

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):

*PATRICIA A. LEE, 5001 Lakefront Dr. APT L-5
Tallahassee, FL 32303*

ARTICLE VI REGISTERED AGENT

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

*PATRICIA A. LEE, 5001 Lakefront Dr. L-5
Tallahassee, FL 32303*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*PATRICIA A. LEE, 5001 Lakefront Dr. L-5
Tallahassee, FL 32303*

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

Patricia A. Lee

Signature/Registered Agent

12/28/05

Date

Patricia A. Lee

Signature/Incorporator

12/28/05

Date

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TALLAHASSEE, FLORIDA