

PO6000035838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**COVER LETTER**

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

SUBJECT: Local Freight Delivery, 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: John R. Montanino  
Name (Printed or typed)

4509 Lace Cascade Court  
Address

Lutz, FL. 33558  
City, State & Zip

813-690-1724  
Daytime Telephone number

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**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:

Local Freight Delivery, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4509 Lace Cascade Court  
Lutz, FL. 33558

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which corporations may be organized

### ARTICLE IV SHARES

The number of shares of stock is:

One Hundred (100)

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

John R. Montanino  
4509 Lace Cascade Court  
Lutz, FL. 33558

### ARTICLE VI REGISTERED AGENT

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

John R. Montanino  
4509 Lace Cascade Court  
Lutz, FL. 33558

### ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

John R. Montanino  
4509 Lace Cascade Court  
Lutz, FL. 33558

\*\*\*\*\*

*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

  
\_\_\_\_\_  
Signature/Incorporator

3/3/06  
\_\_\_\_\_  
Date

3/3/06  
\_\_\_\_\_  
Date

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SECRETARY OF STATE