# P06000112889

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	B #)
-	-	_
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
1	410	
W 3 69	(4)	
1000		
$\bigcap$ )		
	<del></del>	

Office Use Only



600078863226

08/18/06--01024--008 \*\*87.50

SECKETARY OF STATE TALLAHASSEE, FLORIDA

F. Burch AUG 30 2016

## TRANSMITTAL LETTER

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

SUBJECT:	TRANSPORTATION	SERVICES &	onf. of fl.
	(PROPOSED CORPORATE	NAME - MUST INCLUD	E SUFFIX)
Enclosed is an origi	nal and one(1) copy of the artic	les of incorporation and a	check for:
<b>\$70.00</b>	<b>□</b> \$78.75	<b>3</b> \$78.75	<b>⅓</b> \$87.50
	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
		a common cop,	& Certificate of
, ₹			Status
		ADDITIONAL CO	PY REQUIRED
			<u> </u>
	]	FROM:	•
	CANIOS	NONES	
	Name (P	rinted or typed)	<u> </u>
•		LAKE HAVEN	<u>81-d</u>
• •		Address	
		Fl 33875	
	. City,	State & Zip	<del></del>
•	863	3814905	
	Daytime T	elephone number	

NOTE: Please provide the original and one copy of the articles.



August 21, 2006

CARLOS NUNEZ 4912 LAKE HAVEN BLVD SEBRING, FL 33875

SUBJECT: TRANSPORTATION SERVICES CORP. OF FL.

Ref. Number: W06000036840

We have received your document for TRANSPORTATION SERVICES CORP. OF FL. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 906A00051365

# ARTICLES OF INCORPORATION .

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

ż

The name of the corporation shall be:

CHANLIE'S TRANSPORTATION SOLVICES INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4912 LAICE HAVEN Blud SEBANG FI 33835

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COMMON CARNIER

# 2006 AUG 30 PN 2: OF SECRETARY OF STATE TANASSEE FLORIDA

### ARTICLE IV SHARES

The number of shares of stock is:

1000

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

CARLOS NUMEZ 4912 LAILE HAVAN Blud SEBAING F1 33875 PRESIDENT AURONA NUMEZ 4912 ZAILE HAUEN Blud SEBRING FI 33895 ULCE- PRESIDENT.

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CANDO NUMEZ 4912 ZAKE HAVEN Blod. SEBRING FL 33875

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CANIOS NOMEZ 4912 LAKE HAVEN Blod SEBNING FI 33875

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 Date

Incorporator Date

Signature/Incorporator

### CERTIFICATE OF DESIGNATION OF

### REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is:
- 2. The name and address of the registered agent and office is:

(Name) CANIOS NOMEZ

(P.O. Box <u>not</u> acceptable)

4912 LAKE HOVEN Blud.

(City, State, Zip)

SEBRING FI 33875

Having been named as registered agent and to accept service of process fort he above stated corporation at the place designed in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)