

P07000008282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

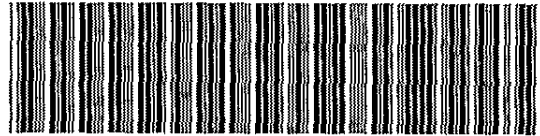
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton JAN 19 2007

COVER LETTER

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

SUBJECT: Michael Reynolds Logistics, 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: Michael Reynolds

Name (Printed or typed)

115 N Cottage Hill Road

Address

Orlando, FL 32805

City, State & Zip

407-403-2356

/ 407-575-8876

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:

Michael Reynolds Logistics, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

115 N Cottage Hill Road
Orlando, FL 32805

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To do lawful business as a trucking company.

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael Reynolds, President

ARTICLE VI REGISTERED AGENT

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

Michael Reynolds
115 N Cottage Hill Rd
Orlando, FL 32805

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Reynolds
115 N Cottage Hill Rd
Orlando, FL 32805

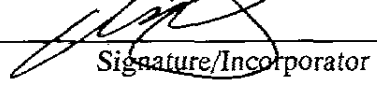
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1-5-07

Date



Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA