Potoods480

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	Office Use Onl	



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COVER LETTER

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

SUBJECT:	RTS Trans	port Ir	ne.	
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u> I	<u>UDE SUFFIX</u>)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00	L1878.75	[里\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
J	& Certificate of Status	& Certified Copy	Certified Copy	
		\	& Certificate of	
		ADDITIONAL CO	Status	
		ADDITIONAL CO	P I REQUIRED	
	Λ —			
FROM:	RJST	ransport I.	nc.	
FROM: RJS Transport Inc. Name (Printed of typed)				
·	2991 Grand	dview Dr.		
2991 Grandview Dr. Address				
	al + a		_	
	North Port	State & Zip	34288	
	0.1,			
800-76/-7//3 Daytime Telephone number				
	Daytime T	elephone 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
ARTICLE I NAME The name of the corporation shall be: ARTICLE I NAME The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE PRINCIPAL OFFICE Report Re
The principal place of business/mailing address is: 2991 Grandview Or. North Port, Florida 34288
North Porty Florida 3 1200
ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Trucking Company
, and the second se
ARTICLE IV SHARES The number of shares of stock is: 100,000 \$1.00 par value
The number of shares of stock is: 100,000 \$1.00 par Value
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s): Kin becly Johnson Pres
List name(s), address(es) and specific title(s): Kimberly Johnson Pres. Kimberly Johnson Secretary/Tres
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
J.D. Crane
2991 Grandview Dr.
North Port, Florida 34288
ARTICLE VII INCORPORATOR '
The name and address of the Incorporator is: Kimberly Johnson 18190 S.W. 182ND Ave Miami, FL 33187
18190 S W. 182 ND AVE
Michi FL 33187
////ami, / 2

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
70 -1-07
Signature/Registered Agent Date
Kanaha Var 1
Signature/Incorporator Date