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SECRETARY OF STAT

# **COVER LETTER**

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

SUBJECT: Over	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	☑ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Antonio Trowell  Name (Printed or typed)		
	1778 Nort	h Bay Shore Drive	# 505
		i, FL 33132 , State & Zip	
		6) 873-4027	

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:

Overdrive Movers Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1778 North Bayshore Drive, Miami, FL 33132

4505

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Services

#### ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares No Par

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Antonio Trowell

74505

1778 North Bayshore Drive, Miami, FL 33132

President

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

ARTICLE VI	REGISTERED AGENT		
The name and Flor	rida street address (P.O. Box NOT	acceptable) of the registere	ed agent is:
Antonio Trowell	# 505		i d.o. 92
1778 North Bays	hore Drive, Miami, FL 33132		B MAR
ARTICLE VII	INCORPORATOR		PSA F
	ress of the Incorporator is:		
Antonio Trowell			FO F. O
1778 North Bays	hore Drive, Miami, FL 33132		LORIDI
*********	**********	**********	· * * * * * * * * * * * * * * * * * * *
	s registered agent to accept service of proc ir with and accept the appointment as regis		
Onto	io Travell	<u> </u>	3/11/08
Signatur	e/Registered Agent		/ Date/
Ontrea	Twell		3/11/08
Signatur	e/Incorporator		( Dafe

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