

P08000034932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

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(Business Entity Name)

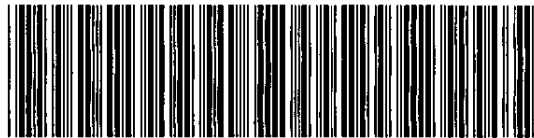
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2008 APR -4 P 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: FLYING TURTLE TRANSPORT 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: MARK J. NIXON
Name (Printed or typed)

8130 5th ST NORTH
Address

SAINT PETERSBURG FLORIDA 33702
City, State & Zip

727-365-5406
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:

FLYING TURTLE TRANSPORT INC.

ARTICLE II PRINCIPAL OFFICE

The principle street address and mailing address, if different is:

8130 5th St. NORTH Saint Petersburg, FL 33702

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Frieght Transportation

ARTICLE IV SHARES

The number of shares of stock is:

100 Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mark J. Nixon 8130 5th St n ST. Petersburg, FL 33702 - President

Marie C. Nixon 8130 5th St n ST. Petersburg, FL 33702 Vice President

ARTICLE VI REGISTERED AGENT

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



Mark J. Nixon 8130 5th St. North St. Petersburg. FL 33702

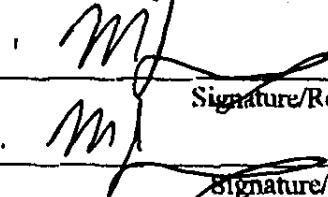
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:



Mark J. Nixon 8130 5th St. North St. Petersburg, FL 33702

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 Mark J. Nixon

Signature/Incorporator

Mark J. Nixon

4-1-08

Date

4-1-08

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA