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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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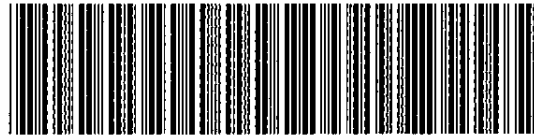
(Business Entity Name)

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09 JUN 11 PM 2:41

RK

COVER LETTER

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

SUBJECT: FLORIDIAN TRANSPORTATION CORP.
(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: LISA J. HINES
Name (Printed or typed)
5811 ATLANTIC BLVD. #147
Address
JACKSONVILLE, FL 32207
City, State & Zip
904.343.6056
Daytime Telephone number
l.j.hines@hotmail.com
E-mail address: (to be used for future annual report notification)

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:

FLORIDIAN TRANSPORTATION CORP.

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CLERK OF DISTRICT COURT
JACKSONVILLE, FL

ARTICLE II PRINCIPAL OFFICE

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

5811 ATLANTIC BLVD.

#147

JACKSONVILLE, FL 32207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CAR SERVICE FOR HIRE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LISA J. HINES

PRESIDENT

5811 ATLANTIC BLVD. #147

JACKSONVILLE, FL 32207

ARTICLE VI REGISTERED AGENT

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

LISA J. HINES

5811 ATLANTIC BLVD. #147

JACKSONVILLE, FL 32207

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LISA J. HINES

5811 ATLANTIC BLVD. #147

JACKSONVILLE, FL 32207

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

Lisa J. Hines
Signature/Registered Agent

6/9/09
Date

Lisa J. Hines
Signature/Incorporator

6/9/09
Date