

PO9 000658496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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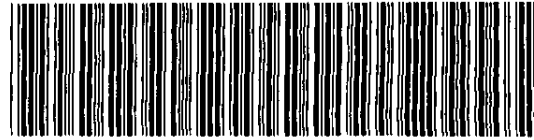
(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MOCAL TRANSIT, 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: LAW OFFICE OF NICOLE VALERIE JOHNSON, P.A.
Name (Printed or typed)

2866 WATERBROOK WAY
Address

TALLAHASSEE, FLORIDA 32312
City, State & Zip

850 - 727 - 4128
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a for profit corporate entity under Florida Statutes, Chapter 607 and or Chapter 621, adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be: **MOCAL TRANSIT, INC.**

ARTICLE II

The principal place of business address is: **8448 SOUTHERN PARK DRIVE
TALLAHASSEE, FLORIDA 32305**

The mailing address of corporation is: **8448 SOUTHERN PARK DRIVE
TALLAHASSEE, FLORIDA 32305**

ARTICLE III

The purpose for which this organization is formed: **FOR ANY AND ALL LAWFUL
PURPOSE**

ARTICLE IV

The number of shares of stock is: **100**

ARTICLE V

The Initial Directors are as follows:

**Title: DIRECTOR
MONICA CALHOUN
8448 SOUTHERN PARK DRIVE
TALLAHASSEE, FLORIDA 32305**

The Initial Officers are as follows:

**Title: PRESIDENT
MONICA CALHOUN
8448 SOUTHERN PARK DRIVE
TALLAHASSEE, FLORIDA 32305**

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE VI

The name and Florida address of the registered agent is:

**LAW OFFICE OF NICOLE VALERIE JOHNSON, P.A.
2866 WATERBROOK WAY
TALLAHASSEE, FLORIDA 32312**

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 of Registered Agent:



ARTICLE VII

The name and address of the Incorporator is:

**NICOLE VALERIE JOHNSON, ATTORNEY AT LAW
LAW OFFICE OF NICOLE VALERIE JOHNSON, P.A.
2866 WATERBROOK WAY
TALLAHASSEE, FLORIDA 32312**

Signature of Incorporator:



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TALLAHASSEE, FLORIDA