

PO9 000061274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Alphonso GAVE
AUTHORIZATION BY PHONE TO
CORRECT suffix, shares + RA
DATE 7-24-09
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2009 JUL 16 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUL 20 2009

1109 000018943

COVER LETTER

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

SUBJECT: _____
(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: Anthony X. Evans
Name (Printed or typed)

4400 NW 19 St #401 K
Address

Lauder Hill FL 33313
City, State & Zip

954 708 5679
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: *E & A-Transportation Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: *4400 NW 19 St
Lauder Hill FL 33313
Lauder Hill FL 33313 FL US.*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *Transporting the sick*

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):

Evans, Alpha
Evans, Alpha

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

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

*Alphonso Evans
4400 NW 19 St #401K
Lauder Hill FL 33313*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Alphonso K EVANS
4400 NW 19 St #401K
Lauder Hill - 33313
FL*

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]

Signature/Registered Agent

4-6-09

Date

[Signature]

Signature/Incorporator

4-6-09

Date