

P100000083600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

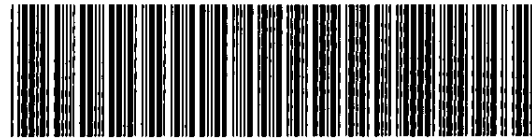
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500186392085

10/12/10--01063--014 **78.75

10 OCT 12 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

16

COVER LETTER

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

SUBJECT: F4U CORSAIR LOGISTICS, 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: JOHN P. BROWN JR
Name (Printed or typed)

1350 SHEELER ROAD
Address

APOKA, FL 32703
City, State & Zip

407-886-3023
Daytime Telephone number

JBROWN@GO-TPC.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: FHM CORSAIR LOGISTICS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

1350 SHEELER ROAD
APOKA, FL 32703

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INTRASTATE SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN P BROWN JR, PRESIDENT

Address: 1350 SHEELER ROAD
APOKA, FL 32703

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: JOHN P BROWN, JR

Address: 1350 SHEELER ROAD
APOKA, FL 32703

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHN P BROWN, JR

Address: 1350 SHEELER ROAD
APOKA, FL 32703

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

John P Brown Jr
Required Signature/Registered Agent

10-7-10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

John P Brown Jr
Required Signature/Incorporator

10-7-10
Date

APPROVED
AND
FILED
10 OCT 12 PM 3:46
TALLAHASSEE, FLORIDA
SECRETARY OF STATE