## P110000014219

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Sertified Copies Certificates of Status Special Instructions to Filing Officer:				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Sertified Copies Certificates of Status	(Requestor's Name)			
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

migho

## **COVER LETTER**

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

SUBJECT: J. L. TARMEJE  (PROPOSED CORBORA)	Son TRANSPORTATION, IN			
Enclosed are an original and one (1) copy of the arti-	cles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: Joseph h. Jagney 3n. Name (Printed or typed)				
726 BARDER ST Address				
Szbaztian, F. 32958 City, State & Zip				
002-918-883 Daytime T	l on 102-013-3424 elephone number			
E-mail address: (to be used for future annual report notification)				

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



RECEIVED

11 FEB -9 AHII: 10

DIVISION OF CORPORATIONS

## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2011

JOSEPH L. TARMEY, SR. 726 BARBER ST SEBASTIAN, FL 32958

SUBJECT: JL TARMEY & SON TRANSPORTATION, INC

Ref. Number: W11000005218

We have received your document for JL TARMEY & SON TRANSPORTATION, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 111A00002325

FILE CO

	ARTICLES OF INC	ORPORATION	11 FEB - 9 PH 3: 03
	In compliance with Chapter 607 an	d/or Chapter 621, F	S. (Profit)SECRETARY OF STATE
ARTICLE I	NAME		TALLAHASSEE FLORIDA
The name of the co	**	SON TRANSPO	ORTATION, INC.
	•		,
ARTICLE II	PRINCIPAL OFFICE	1	falling addings if different is
	Principal <u>street</u> address 726 BARBER STREET	SAME	Mailing address, if different is:
-	SEBASTIAN, FL 32958		
-			
ARTICLE III	PURPOSE		
	high the corporation is organized is: TRUCF	KING TRANSP	ORTATION OF GOODS
, ,			
ARTICLE IV			
The number of shar	res of stock is: 4		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	RS	
	itle: JOSEPH L TARMEY, SR	Name and Title:	ANNA L. TARMEY SECRETARY
Address:	PRESIDENT	Address:	726 BARBER STREET
	726 BARBER STREET		SEBASTIAN, FL 32958
	SEBASTIAN, FL 32958	<del></del>	
Manage and Ti	itle: JOSEPH L. TARMEY, JR	Name and Title	KRISTINA L. SHERMAN
Address:	VICE PRESIDENT	Name and The	BOOKKEEPER
rtuut oss.	11307 BOOTH ROAD	71001000.	32 NUTTING ROAD
	MULBERRY, AR 72947		WALTHAM, MA 02451
Name and Ti	itle:	Name and Title	
Address:	iic.	Address:	
			WATER TO THE RESERVE
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable)	of the registered age	nt is:
Name;	ANNA L. TARMEY	01 10 105,210, 42 184	
Address:	726 BARBER STREET		
	SEBASTIAN, FL 32958		
ARTICLE VII	INCORPORATOR		
	Iress of the Incorporator is:		
Name:	JOSEPH L. TARMEY		
Address:	726 BARBER STREET		
	SEBASTIAN, FL 32958	<del></del>	
Uaulna haan nam	ed as registered agent to accept service of proce	es for the above st	ated corporation at the place designated in
this certificate. I as	ed as regimered agent to accept service of proce in familiar with and accept the appointment as re	ess for the avore su evistered agent and i	agree to act in this capacity
		-0	- · · · ·
( Lance	y Y()) one and		02/64/2011
- (mnc	Required Signature/Registered Agent		Date
	recipited dignature in a regult		<del></del>

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.

Required Signature/Incorporator