

P1100017594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

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

SUBJECT: Shelby Transportation Systems, 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: Scott L. Honig CPA

Name (Printed or typed)

2200 S. Main Street Suite 206

Address

Lombard IL 60148

City, State & Zip

630 691-8090

Daytime Telephone number

Scotthonigcpa@yahoo.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: Shelby Transportation Systems, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1105 E. Bearss Ave
Lutz FL 33549

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The transaction of any or all lawful businesses for which corporations may be incorporated under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Khalil Shalabi

Address: 1105 E. Bearss Ave
Lutz FL 33549

Name and Title: Zahid Shalabi

Address: 1105 E Bearss
Lutz FL 33549

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: Khalil Shalabi

Address: 1105 E. Bearss Ave
Lutz FL 33549

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Khalil Shalabi

Address: 1105 E. Bearss Ave
Lutz FL 33549

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

Khalil Shalabi

Required Signature/Registered Agent

2/14/11

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.

Khalil Shalabi

Required Signature/Incorporator

2/14/11

Date