

P11000032811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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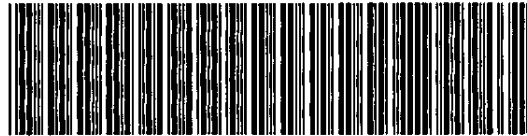
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2011 MAR 31 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Silent River 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: Curton Chambers

Name (Printed or typed)

6005 sw 40 ct ,apt A

Address

Miramar, FL 33023

City, State & Zip

754-214-4264

Daytime Telephone number

curtonchambers@comcast.net

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAR 31 PM 2:00

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

ARTICLE I NAME Silent River Logistics, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
6005 sw 40 ct apt A
Miramar, FL 33023

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Automotive transport

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Curton Chambers, CEO
Address: 6005 sw 40 ct apt A
Miramar, FL 33023

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: keisha pinnock
Address: 6005 sw 40 ct apt A
miramar, FL 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Curton Chambers
Address: 6005 sw 40 ct apt A
Miramar, FL 33023

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

Keisha Pinnox

Required Signature/Registered Agent

3/28/2011

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.

[Signature]

Required Signature/Incorporator

3/28/2011

Date

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TALLAHASSEE, FLORIDA