

P110000037005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

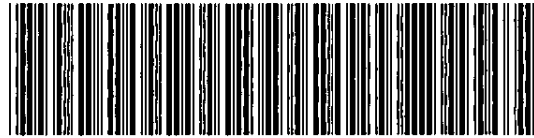
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Certificates of Status

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11 APR 18 AM 11:25

DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 APR 18 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
4/18

COVER LETTER

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

SUBJECT: Nolan and Robin. TRANSPORT 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: Nolan Metcalf
Name (Printed or typed)

5191 Sweat Rd.
Address

Green Cove Springs, Florida 32043
City, State & Zip

904- 497- 2268.
Daytime Telephone number

NAND R TRANSPORT INC at G Mail .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:

Nolan & Robin Transport Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Nolan and Robin Transport Inc.
5191 Sweet Rd.
Green Cove Springs, FL 32043

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nolan Metcalf.

Address: 5191 Sweet Rd
Green Cove Spring FL
32043.

Name and Title: _____

Address: _____

Name and Title: Robin Metcalf.

Address: 5191 Sweet Rd
Green Cove Spring.
FL 32043.

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: Nolan Metcalf

Address: 5191 Sweet Rd.
Green Cove Springs, Florida 32043

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robin Metcalf

Address: 5191 Sweet Rd.
Green Cove Springs, Florida 32043

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

Nolan Metcalf

Required Signature/Registered Agent

4/18/11

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.

Robin Metcalf

Required Signature/Incorporator

4/18/2011

Date

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11 APR 18 AM 11:29
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA