

P/1000063632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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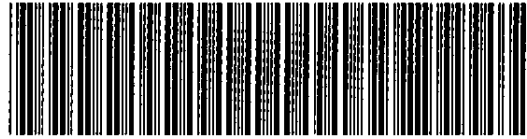
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 JUL 12 PM 2:30
SECRETARY OF STATE
WILMINGTON, DE

SC
7/15/11

COVER LETTER

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

SUBJECT: LK 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: Leszek Kozakiewicz

Name (Printed or typed)

11450 Lounds Ct

Address

New Port Richey, FL 34654

City, State & Zip

347-331-3006

Daytime Telephone number

kozaklenny@yahoo.com

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

SECRETARY OF STATE
TALLAHASSEE, FL 32314
2011 JUL 12 PM 2:30

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 LK TRANSPORT INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
11450 Lounds Ct.
New Port Richey, FL 34654

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Vehicle Transportation

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leszek Kozakiewicz- President
Address: 11450 Lounds Ct.
New Port Richey, FL 34654

Name and Title: _____
Address: _____

Name and Title: Malgorzata Kozakiewicz- Vice President
Address: 11450 Lounds Ct.
New Port Richey, FL 34654

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: Leszek Kozakiewicz
Address: 11450 Lounds Ct.
New Port Richey, FL 34654

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Justyna Dzikowska
Address: 2650 Countryside Blvd Apt B-203
Clearwater, FL 33761

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



Required Signature/Registered Agent

7/6/11

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.



Required Signature/Incorporator

7-6-11

Date

2011 JUL 12 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA