

PI 1000064189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

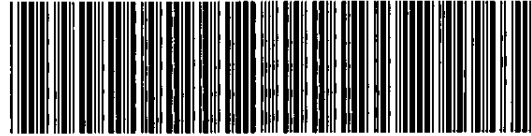
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/15/11--01015--006 \*\*78.75'

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
11 JUL 15 PM 2:15

PS 7/18/11

## COVER LETTER

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

SUBJECT: C Moore Transport Incorporated  
(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: Richetta C Moore  
Name (Printed or typed)

1486 SE Rila St  
Address

Palm Bay, FL 32909  
City, State & Zip

321-537-5576  
Daytime Telephone number

richettam@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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 JUL 15 PM 2:15

**ARTICLE I NAME** C Moore Transport Incorporated  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
1486 SE Rila St  
Palm Bay, FL 32909

Mailing address, if different is:  
PO Box 101242  
Palm Bay, FL 32910

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Truck transportation agent and dispatch service

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Richetta C Moore, President</u>	Name and Title: _____
Address: <u>1486 SE Rila St</u>	Address: _____
<u>Palm Bay, FL 32909</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

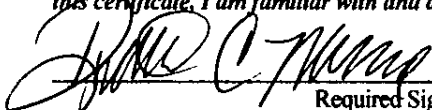
Name: Richetta C Moore  
Address: 1486 SE Rila St  
Palm Bay, FL 32909

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Richetta C Moore  
Address: 1486 SE Rila St  
Palm Bay, FL 32909

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

7-13-11  
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

7-13-11  
Date