

P11000065457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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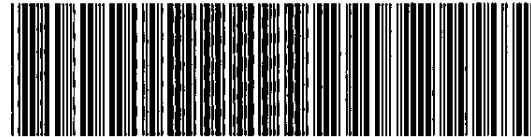
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Fully Loaded Carrier, 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: Michael A. Moss-Solomon
Name (Printed or typed)
966 SW 113th Terrace
Address
Hollywood, FL 33025
City, State & Zip
(954) 591-4933
Daytime Telephone number
Fullyloadedcarrier@yahoo.com
E-mail address: (to be used for future annual report notification)

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

FULLY LOADED CARRIER, LLC
966 SW 113th Terr
Hollywood, FL 33025

Florida Department of State
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314
Attn: Jessica A. Fason

July 9, 2011

Dear Ms. Fason,

I am the managing member of Fully Loaded Carrier, LLC. I give full authorization and permission to Fully Loaded Carrier, Inc., to use the same name as my LLC. Therefore, the only difference will be one entity will be a LLC, and the other new entity will be a corporation. Just in case if needed, I give you and Division of Corporations the same permission and authorization in order to grant Fully Loaded Carrier, Inc, incorporation in the State of Florida.

Please contact me if you have any questions. I have also attached the cover letter and incorporation papers I received from you.

Thank you very much for your assistance.

Michael A. Moss-Solomon





RECEIVED
11 JUL 20 AM 10:21

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

June 2, 2011

MICHAEL A MOSS-SOLOMON
966 SW 113TH TERR
HOLLYWOOD, FL 33025

SUBJECT: FULLY LOADED CARRIER, INC.
Ref. Number: W1100030346

We have received your document for FULLY LOADED CARRIER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason
Regulatory Specialist II

Letter Number: 311A00013572

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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: Fully Loaded Carrier, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
966 SW 113th Terr
Hollywood, FL 33025

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful purpose.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael A Moss Solomon President

Address: 966 SW 113th Terr
Hollywood, FL 33025

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: Michael A Moss Solomon
Address: 966 SW 113th Terr
Hollywood, FL 33025

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Michael A Moss Solomon
Address: 966 SW 113th Terr
Hollywood, FL 33025

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

MSL

Required Signature/Registered Agent

5/4/11

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.

MSL

Required Signature/Incorporator

5/4/11

Date