

PH000074623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

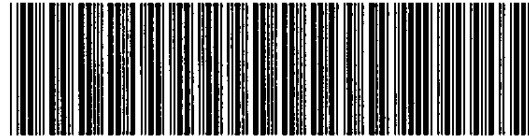
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2011 AUG 19 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch AUG 22 2011

COVER LETTER

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

SUBJECT: **FOUR LEAF CLOVER 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: **MANWELLO BROWN**
Name (Printed or typed)

618 -B LEMON AVE
Address

DUNDEE , FL 33830
City, State & Zip

(863)978-8915
Daytime Telephone number

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

FOUR LEAF CLOVER LOGISTICS INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

618-B LEMON AVE

DUNDEE, FL 33830

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR THE SOLE PURPOSE OF THE TRUCKING AND HAULING INDUSTRY

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ARTICLE IV SHARES

The number of shares of stock is: 3000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MANWELLO BROWN, CEO

Address: 618 -B, LEMON AVE

DUNDEE, FL 33830

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: MANWELLO BROWN

Address: 618 -B, LEMON AVE

DUNDEE, FL 33830

ARTICLE VII INCORPORATOR

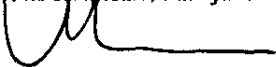
The name and address of the Incorporator is:

Name: MCCASKILS AND ASSOCIATES INC

Address: 318 S SCENIC HWY STE 100B

LAKE WALES, FL 33853

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

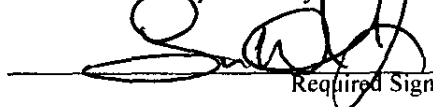


Required Signature/Registered Agent

07-08-2011

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.



Required Signature/Incorporator

07-08-2011

Date