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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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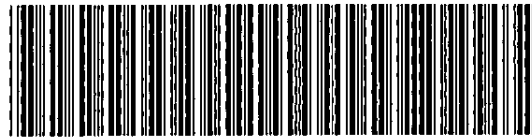
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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BUREAU OF CORPORATIONS
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FILED
11 SEP - 8 PM 12: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/8
JB

COVER LETTER

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

SUBJECT: _____

FRANK A MORRIS, 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: _____

FRANK A MORRIS

Name (Printed or typed)

4916 BRIAR OAKS CIRCLE

Address

ORLANDO, FL 32808

City, State & Zip

407-399-3967

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

The name of the corporation shall be: FRANK A MORRIS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

4916 BRIAR OAKS CIR
ORLANDO, FL 32808

Mailing address, if different is:

4916 BRIAR OAKS CIRCLE
ORLANDO, FL 32808

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRANSPORTATION - LONG DISTANCE

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRANK A MORRIS Name and Title: _____
Address: PRES Address: _____

4916 BRIAR OAKS CIR
ORLANDO, FL 32808

Name and Title: SUZANNE M ROBERTS Name and Title: _____
Address: SECTY - TREAS Address: _____

4916 BRIAR OAKS CIR
ORLANDO, FL 32808

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: SUZANNE M. ROBERTS
Address: 4916 BRIAR OAKS CIRCLE
ORLANDO, FL 32808

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: SUZANNE M. ROBERTS
Address: 4916 BRIAR OAKS CIRCLE
ORLANDO, FL 32808

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

Suzanne M Roberts
Required Signature/Registered Agent

9/8/11
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.

Suzanne M Roberts
Required Signature/Incorporator

9/8/11
Date

FILED
11 SEP - 8 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA