

P11000082487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

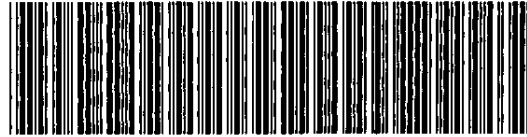
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Sewey Bellinger
GAVE
AUTHORIZATION BY PHONE TO
CORRECT *Article JK*
DATE *9/20/11*
DOC. EXAM *MRS*

Office Use Only



800212270898

FILING CANCELLED
RETURNED CHECK

09/19/11--01031--002 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP 19 PM 2:54

FILED

MRS
9/20

COVER LETTER

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

SUBJECT: Gladiator Express Lines 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: Dewey Bellinger

Name (Printed or typed)

410 W. gulf Atlantic Highway

Address

Wildwood, Florida 34785

City, State & Zip

352-748-4888

Daytime Telephone number

bernard@gladiatorexpresslines.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)

**FILING CANCELLED
RETURNED CHECK**

ARTICLE I NAME Gladiator Express Lines Incorporated
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
410 W. Gulf Atlantic Highway
Wildwood, Florida 34785

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Transportation

ARTICLE IV SHARES

The number of shares of stock is 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dewey Bellinger President
Address: 410 W. Gulf Atlantic Highway
Wildwood, Florida 34785

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: Dewey Bellinger
Address: 410 W. Gulf Atlantic Highway
Wildwood, Florida 34785

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dewey Bellinger
Address: 410 W. Gulf Atlantic Highway
Wildwood, Florida 34785

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

09/13/2011

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

09/13/2011

Date

FILED
11 SEP 19 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA