

P11000083471

(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

691-

W11000047182



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09/12/11--01020--003 **78.75

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DIVISION OF CORPORATIONS
2011 SEP 21 PM 4:11

9/22/11

COVER LETTER

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

SUBJECT: Sparrow Transportation 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: Elven Wright
Name (Printed or typed)
5028 Park Central Drive Apt. #2118
Address
Orlando, FL 32839
City, State & Zip
407-406-6717
Daytime Telephone number
BoonSKSD@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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RECEIVED

1 SEP 21 AM 11:29

SECRETARY OF STATE
FLORIDA
Division of Corporations

September 13, 2011

EFREN WRIGHT
5028 PARK CENTRAL DRIVE
APT. #2118
ORLANDO, FL 32839

SUBJECT: SPARROW TRANSPORTATION INC.
Ref. Number: W11000047182

We have received your document for SPARROW TRANSPORTATION 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 document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 811A00021190

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DIVISION OF CORPORATIONS
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Aug. 30, 2011

To: Division of Corporation

My Name is Arthur Wright, im the owner of
SPARROW

TRANSPORTATION INC. This letter is to inform
you that im not
going to reinstate the corporation. I would like for
my son

Efren Wright to start a new corporation this year
with the same name

if its available due to the fact that im retired and
have a illness
due to a kidney removal.

Thanks very much

Arthur
Arthur Wright



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DIVISION OF CORPORATION

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:

S Parrow Transportation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1008 Georgia Street
Leesburg, FL 34748

Mailing address, if different is:
P.O. Box 492552
Leesburg, FL 34749

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To build a strong corporation and business that complies with the Florida statutes and to protect the owner and officers in the business.

ARTICLE IV SHARES

The number of shares of stock is:

550

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Al Jewel Wright Name and Title: _____
Address: 600 West Oak Terrace Dr Apt # D37 Address: _____
Leesburg, FL 34748

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: Efren Wright
Address: 5028 Park Central Dr Apt # 2118
Orlando, FL 32839

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Efren Wright
Address: 5028 Park Central Dr Apt # 2118
Orlando, FL 32839

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

Efren Wright

Required Signature/Registered Agent

Efren Wright

9-17-11

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.

Efren Wright

Required Signature/Incorporator

Efren Wright

9-17-11

Date

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