

P/1000092249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

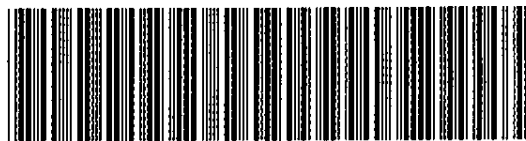
(Document Number)

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Certificates of Status \_\_\_\_\_

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11 OCT 21 PM 12:28

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

11 OCT 21 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 10/21/11

## COVER LETTER

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

SUBJECT: Tri State Transport Enterprises 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: Jukil O. Whitehead  
Name (Printed or typed)  
635 Dover St  
Address  
Tallahassee FL 32304  
City, State & Zip  
850 - 877-2370  
Daytime Telephone number  
Jayw850@yahoo.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)

**ARTICLE I NAME**

The name of the corporation shall be: Tr. State transport Enterprise Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

635 Dover St.  
Tallahassee FL 32304

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business in the state of Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jukil O. Whitehead P  
Address: 2120 Portsmouth Cir  
Tallahassee FL 32302

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Mongueis Whitehead VP  
Address: 635 Dover St  
Tallahassee FL 32304

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: Jukil O. Whitehead  
Address: 635 Dover St  
Tallahassee FL 32304

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jukil O. Whitehead  
Address: 635 Dover St  
Tallahassee FL 32304

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

[Signature]  
Required Signature/Registered Agent

10/21/11  
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.

[Signature]  
Required Signature/Incorporator

10/21/11  
Date

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11 OCT 21 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA