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(Requestor's Name)	
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(Address)	
(City/State/Zip/Phone #)	—
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PICK-UP WAIT MAIL	
(Business Entity Name)	—
<u>.</u>	
(Document Number)	—
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SECRETARY OF STATE DIVISION OF CORPORATION

Ps 4/10/12

COVER LETTER

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

SUBJECT: URI Transportation INC	D .
(PROPOSED CORPORA'	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Kevin Bahadosingh	(Printed or typed)
1820 W Wolfchase cir #2	201 Address
A	Address
Cordova TN 38016	State & Zip
(706)662-8550 Daytime Te	elephone number
k.bahadosingh@gmail.co E-mail address: (to be used	om I 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 LIPI Transportet	FILED SECRETARY OF STATE
The name of the corporation shall be:	ion INC. DIVISION OF CORPORATIONS
ARTICLE II PRINCIPAL OFFICE Principal street address 1820 W Wolfchase cir #201 Cordova TN 38106	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any legally permitted business	
ARTICLE IV SHARES The number of shares of stock is:100 ARTICLE V INITIAL OFFICERS AND/OR DE	
Address: 1820 W Wolfchase cir #201 Cordova TN 38016	
Address:	
Name and Title:Address:	Name and Title: Address:
ADMICI P.W. DISCOMPEND 400519	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT according to the control of the c	entable) of the registered agent is:
Name: Camar Jones Address: 2321 NW 33rd St # 210 ft Lauderdale FL 33309	
APTICI PITT INCOPDODATOD	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Name: Kevin Bahadosingh	
Address: 1820 W wolfchase Cir #20: Cordova TN 38016	1
Having been named as registered agent to accept service this certificate, I am familiar with and accept the appointm	
ans	4/5/12 Agent Date
Required Signature/Registered A	
I submit this document and affirm that the facts stated h	herein are true. I am aware that the false information submitted in a
document to the Department of State constitutes a third dep	gree jeiony as provided for in s.817.155, F.S.
	17-0-2-2-2-2
Required Signature/Lacorpora	05-2 3-2012 ator Date