

P12000036066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

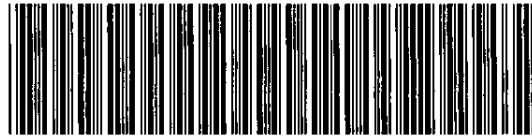
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2012 APR 16 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Ehlvers APR 17 2012

## COVER LETTER

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

**SUBJECT:** DACKING TRANSPOT, 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:** KENSON DACEUS  
Name (Printed or typed)

618 NW 46th AVENUE  
Address

DELRAY BEACH, FL 33445  
City, State & Zip

(561) 302-9525  
Daytime Telephone number

Ken.sonda.72@yahoo.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: DACKING TRANSPORT, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
618 NW 46th Ave  
DELRAY BEACH, FL 33445

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TRANSPORTATION SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

|                                      |                       |
|--------------------------------------|-----------------------|
| Name and Title: <u>KENSON DACEUS</u> | Name and Title: _____ |
| Address: <u>618 NW 46th AVENUE</u>   | Address: _____        |
| <u>DELRAY BEACH, FL 33445</u>        | _____                 |
| _____                                | _____                 |
| 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:

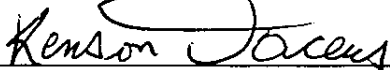
Name: KENSON DACEUS  
Address: 618 NW 46th AVENUE  
DELRAY BEACH, FL 33445

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANTONIO PHILANTROPE  
Address: 905 PARKSIDE WALK LN, STE 100A  
LAWRENCEVILLE, GA 30043

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

03/21/2012

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

03/21/2012

Date

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