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(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(a.a.a.a,a.a.,						
(Document Number)						
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Certified Copies Certificates of Status						
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Special Instructions to Filing Officer:						

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SECTION OF STREET OF STREE



COVER LETTER

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

					**			
SUBJECT:	SHARKI	N TRANS	PORTATION IN	3	••			
,		(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
			·					
Enclosed ar	e an origi	nal and	one (1) copy o	of the article	es of incorporation	and a check for	f ;	
[X]	\$70.00	<u>[]</u>	\$78.75	[\$78.75	\$87.50		
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	Filing Fee	;	Filing Fee	. 04-4	Filing Fee	Filing Fe		
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					ADDITIONAL	COPY REQUIR	ED	
			•	Į.				
		ı						
•	50011							
	FROM:	FROM: SHARKIN TRANSPORTATION INC						
		Name (Printed or typed)						
		454 GUERRANT ST						
				Ac	ldress 🤫	•		
	N. Carlotte and the control of the c							
	UMATILLA, FL 32784 City, State & Zip							
					:			
		(352) 459	-4935					
		Daytime Telephone number						
hdaine 270 mha ann								
hdprincess27@yahoo.com E-mail address: (to be used for future annual report notification)								
E-men andress to be asea to tatate authoritability								

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

SHARKIN TRANSPORTATION INC

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corpor	ation shall be: SHARKIN TRANSPORTA	TION INC			
ARTICLE II PRINCIP	AL OFFICE	:			
	Principal street address		Mailing address, if different is:		
454 GUER	RANT ST				
UMATILLA	FL 32784				
UMATILLA	, FL 32784	<u> </u>			
ARTICLE III PURPO	· ·				
	he corporation is organized is:				
FOR PROFIT: A LEGAL					
ARTICLE IV SHARE The number of shares of					
	OFFICERS AND/OR DIRECTORS				
Name and Title:	SCOTT J HARKIN PRESIDENT				
Address:	454 GUERRANT ST	Address:	· · · · · · · · · · · · · · · · · · ·		
	UMATILLA, FL 32784	-			
		-			
Name and Title:		Name and Title:			
Address:		Address:			
A.L		A			
Name and Title: Address:					
Address:		Address:			
			The state of the s		
	TERED AGENT				
	street address (P.O. Box NOT acceptable	e) of the registered age	ant is:		
Name: Address:	SCOTT J HARKIN 454 GUERRANT ST		12 ≤ 30		
Add 625.	UMATILLA, FL 32784	_			
	OWATTELEN, FE OZ. 07				
ARTICLE VII INCOR	PORATOR				
The name and address			(語: **) (明) (
Name:	SCOTT J HARKIN	_	3		
Address:	454 GUERRANT ST	_	₹		
	UMATILLA, FL 32784		නු සිස්		
Having been named a	s renistered anent to accept service of n	rocass for the shove	stated corporation at the place designated		
in this certificate. I am	r familiar with and accept the appointmen	nt as realstered ager	of and agree to act in this capacity		
1 0	./ () -	it do rogiotorod ago.	and agree to act in and capacity		
1 this !	darlan		5/14/2012		
	Required Signature/Registered Agent		Date		
	nt and affirm that the facts stated herein artment of State constitutes a third degre				
Thank Y	1. danti		5/14/2012		
	Required Signature/Incorporator		0/14/2012 Date		