

P12000051682

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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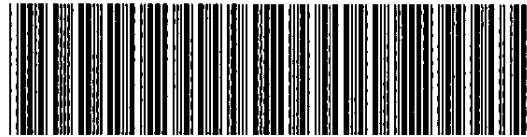
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
6/6/12

COVER LETTER

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

SUBJECT: INSITE AUTO LOGISTICS.COM, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: RAYMOND GILDERSLEEVE
Name (Printed or typed)

3535 SE MARICAMP ROAD, SUITE # 700
Address

OCALA, FL. 34471
City, State & Zip

352-572-4195
Daytime Telephone number

raygildersleeve44@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: INSITE AUTO LOGISTICS.COM, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5760 SE 41ST STREET
SUITE # C
OCALA, FL. 34480

Mailing address, if different is:
5760 SE 41ST STREET
SUITE # C
OCALA, FL. 34480

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
AUTO TRANSPORTATION

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAYMOND GILDERSLEEVE
Address: VICE PRESIDENT
3535 SE MARICAMP RD., # 700
OCALA, FL. 34471

Name and Title: DERYN WALLS
Address: PRESIDENT
634 BLUE MOUNTAIN ROAD
LYONS, CO. 80540

Name and Title: MARYSUSAN GILDERSLEEVE
Address: SECRETARY
3535 SE MARICAMP RD., # 700
OCALA, FL. 34471

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: STEPHEN C. YAGER - ACCOUNTANT
Address: 805 S. MAGNOLIA AVE., # D
OCALA, FL. 34471

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAYMOND GILDERSLEEVE
Address: 3535 SE MARICAMP RD., #700
OCALA, FL. 34471

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

06/01/2012

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

06/01/2012

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA