

P12000066034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

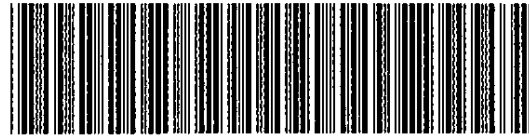
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTED ARTICLE II
(ADDRESS) TO INCLUDE
CITY & ZIP; ALSO ARTICLE IV
(SHARES) TO READ 1. PER
TELEPHONE CONVERSATION
WITH A. WALLOCH

Office Use Only



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07/27/12--01023--002 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JUL 27 PM 5:34

K 07/30/12

COVER LETTER

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

SUBJECT: WALLOCH TRANSPORT
(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: ANGELIKA WALLOCH
Name (Printed or typed)

1293 ALTOONA AVE
Address

SPRING HILL, FLORIDA 34609
City, State & Zip

(352) 666-9751
Daytime Telephone number

wallocha@hotmail.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: WALLOCH TRANSPORT CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1293 ALTOONA AVE.
SPRING HILL, FLORIDA 34609

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANGELIKA WALLOCH - PRESIDENT
Address: 1293 ALTOONA AVE
SPRING HILL, FLORIDA 34609

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: ANGELIKA WALLOCH
Address: 1293 ALTOONA AVE
SPRING HILL, FLORIDA 34609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANGELIKA WALLOCH
Address: 1293 ALTOONA AVE
SPRING HILL, FLORIDA 34609

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

Angelika Walloch

Required Signature/Registered Agent

July 25, 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.

Angelika Walloch

Required Signature/Incorporator

July 25, 2012
Date

RECEIVED
12 JUL 27 PM 3:34
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE