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(Business Entity Name)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: _____

Special Care Transp, 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: _____

Brian Dawkins

Name (Printed or typed)

113 N. 10th St

Address

Quincy Fla 32155

City, State & Zip

850-508-9745

Daytime Telephone number

Spec. caretransit@qnsi.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: Special Care Trans. Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
113 N 10th St
Quincy FL 32155

Mailing address, if different is:

113 N 10th St
Quincy FL 32155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transportation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian Dawkins P
Address: 113 N 10th St
Quincy FL 32155

Name and Title: _____
Address: _____

Name and Title: Timothy Dawkins V.P
Address: 344 Stanley
Quincy FL 32155

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: Wilbert Stanley
Address: 4465 Wesley Dr
Tall. Fla 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Wilbert J Stanley
Address: 4465 Wesley Dr
Tall FL 32303

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

Will J Stanley
Required Signature/Registered Agent

8-23-12
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.

Will J Stanley
Required Signature/Incorporator

8-23-12
Date

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TALLAHASSEE, FLORIDA