

P12000077131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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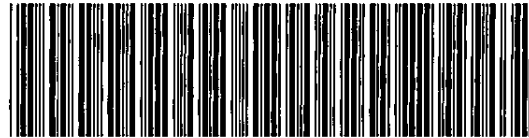
(Business Entity Name)

(Document Number)

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

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12 SEP 10 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers SEP 11 2012

## COVER LETTER

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

SUBJECT: SSSS TRANSPORTATION, 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: NEVADA STATE CORPORATE NETWORK, INC.

Name (Printed or typed)

777 N. RAINBOW BLVD. STE. 250

Address

LAS VEGAS, NV 89107

City, State & Zip

702-838-8599 EXT 211

Daytime Telephone number

PROCESSING@NSCN.COM

E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE FLORIDA

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**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: **SSSS TRANSPORTATION, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**9800 ATLANTIC DR.**  
**MIRAMAR, FL 33025**

Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The corporation is organized for engaging in Any Lawful Activity, within or without the state of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is **75,000**

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

Name and Title: **Shawn Lynch**  
Address: **9800 Atlantic Dr.**  
**Miramar, FL 33025**

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: **Northwest Registered Agent, LLC**  
Address: **3030 N. Rocky Point Dr. STE 150A**  
**Tampa, FL 33607**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Nevada State Corporate Network, Inc.**  
Address: **777 N. Rainbow Blvd. Ste. 250**  
**Las Vegas, NV 89107**

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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



Dan Keen-Manager

Required Signature/Registered Agent

8.31.12

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.



Required Signature/Incorporator

8.31.12

Date