

P120000088009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

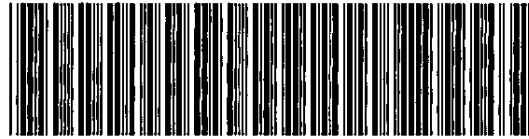
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500240547495

10/17/12--01010--013 **78.75

FILED
12 OCT 17 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: AMALGAMATED TRANSPORT SERVICES CORP.
(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: RUSSELL W. CODY
Name (Printed or typed)

300 SANDIRON CIRCLE UNIT 314
Address

PONTE VEDRA BEACH, FL 32082
City, State & Zip

904 891-0720
Daytime Telephone number

RUSSCODY@COMCAST.NET
E-mail address: (to be used for future annual report notification)

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

AMALGAMATED TRANSPORT SERVICES CORP.

ATX1

ARTICLES OF INCORPORATION

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

FILED

12 OCT 17 AM 9:50

ARTICLE I NAME

The name of the corporation shall be: AMALGAMATED TRANSPORT SERVICES CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

300 SANDIRON CIRCLE UNIT 314

PONTE VEDRA BEACH, FL 32082

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF CONDUCTING TO THE EXTENT PERMITTED BY FLORIDA LAW, OR TO CARRY ON IN ANY CAPACITY ANY BUSINESS OR TRADE DEEMED LEGAL IN THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES OF COMMON STOCK AUTHORIZED, EACH HAVING A PAR VALUE OF \$1.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RUSSELL W. CODY-PRES/DIR
Address: 300 SAND IRON CIRCLE UNIT 314
PONTE VEDRA BEACH, FL 32082

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: RUSSELL W. CODY
Address: 300 SANDIRON CIRCLE UNIT 314
PONTE VEDRA BEACH, FL 32082

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RUSSELL W. CODY
Address: 300 SANDIRON CIRCLE UNIT 314
PONTE VEDRA BEACH, FL 32082

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

Russell W. Cody
Required Signature/Registered Agent

9-28-12
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.

Russell W. Cody
Required Signature/Incorporator

9-28-12
Date