

P12000093820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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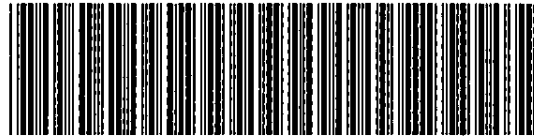
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: C. K. Transportation Company
(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: Connie L. Knight
Name (Printed or typed)

5279 McNeil Blvd.
Address

Tallahassee FL 32305
City, State & Zip

(850) 591-2563
Daytime Telephone number

VL Norton 22 @ Centurylink.net
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: C.K. Transportation Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

5279 McNeil Blvd.
Tallahassee, FL 32305

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Accommodating residents in getting to and from doctors appointment and related travels.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Director/Founder Connie L. Knight
Address: 5279 McNeil Blvd.
Tallahassee, FL 32305

Name and Title: _____
Address: _____

Name and Title: Veronica L. Norton, Secretary
Address: 5279 McNeil Blvd.
Tallahassee, FL 32305

Name and Title: _____
Address: _____

Name and Title: Ernestine W. Sweeting, Treasurer
Address: 202 Hazelwood Rd.
Tallahassee, FL 32305

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: Connie L. Knight
Address: 5279 McNeil Blvd.
Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Connie L. Knight
Address: 5279 McNeil Blvd.
Tallahassee, FL 32305

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

Connie Knight

Required Signature/Registered Agent

11-13-12

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.

Connie Knight

Required Signature/Incorporator

Date

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