

P1300018907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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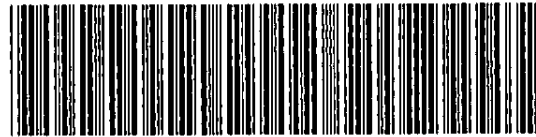
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB 26 PM 1:18

Ps 2/27/13

## COVER LETTER

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

SUBJECT: Tonka Transfer, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Larry Anderson

Name (Printed or typed)

6025 Apple Road

Address

Shorewood, MN 55331

952-210-7882 City, State & Zip

95-210-7882

Daytime Telephone number

larrya@tonkatransfer.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)

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**ARTICLE I NAME**

The name of the corporation shall be: Tonka Transfer, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3893 Mannix Drive

Suite 516

Naples, FL 34114

Mailing address, if different is:

5050 Sandy Cove

Sarasota, FL 34242

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Transportation Services

**ARTICLE IV SHARES**

The number of shares of stock is: 5,000,000

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

Name and Title: Larry Anderson

Name and Title: \_\_\_\_\_

Address 6025 Apple Road

Address: \_\_\_\_\_

Shorewood, MN 55331

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

13 FEB 26 PM 1:18

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Chris Lambert  
Address: 5050 Sandy Cove  
Sarasota, FL 34242

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Larry Anderson  
Address: 6025 Apple Road  
Shorewood, MN 55331

*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*

Chris Lambert 2/22/2013  
Required Signature/Registered Agent 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.*

Larry Anderson 2/22/2013  
Required Signature/Incorporator Date