

P 1300 00 39195

(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



900246527879

05/01/13--01018--002 **70.00

RECEIVED
DEPARTMENT OF STATE
BUREAU OF CONCORDANCE
2013 MAY -1 PM 1:04
TO AGRONOME
SUFFICIENCY OF FILING

FILED
13 MAY -1 PM 1:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: CBX TRANSPORT 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: LAVERN Godwin
Name (Printed or typed)

4204 C.R 656
Address

Webster FLA 33597
City, State & Zip

352-446-7427
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAY - 1 PM 1:07

FILED

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: CBX TRANSPORT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4204 C.R. 656

Webster, FL 33597

Mailing address, if different is:

CBX TRANSPORT

PO Box 517

Bushnell, FL 33543

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lavern Godwin Pres

Address: 4204 C.R. 656
Webster, FL 33597

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

13 MAY - 1 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(conti.)

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:

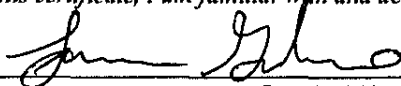
Name: ~~JERRY~~ JERRY PRATHER
Address: 326 CESANA ESTATE DR
~~MULBERRY~~ MULBERRY, FLA 33866

ARTICLE VII INCORPORATOR


The **name and address** of the Incorporator is:

Name: LAVERN GODWIN
Address: 4204 C.R 656
WEBSTER FLA 33597

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

 _____
Required Signature/Registered Agent
5-1-13
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

5-1-13
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MAY - 1 PM 1:07
FILED