

P13000064761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

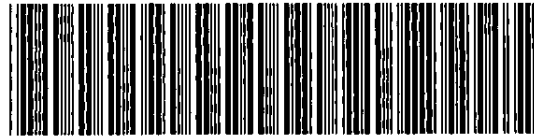
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
13 AUG - 6 PM 3:50

APPROVED
AND
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13 AUG - 6 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: _____

B.O.B. Logistics, 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: _____

Kelly Battle

Name (Printed or typed)

10211 Pines Blvd 215

Address

Pembroke Pines FL 33026

City, State & Zip

212 - 858 - 0281

Daytime Telephone number

kelly.vstim@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: B.O.B. Logistics, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10211 Pines Blvd
Suite 215
Pembroke Pines FL 33026

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Logistics

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kelly Battle, CEO Name and Title: _____

Address 10211 Pines Blvd Address: _____
Suite 215
Pembroke Pines FL 33026

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

13 AUG -6 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

APPROVED
AND
FILED (cont.)

13 AUG -6 PM 4:01

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Kelly Battle
Address: 10211 Pines Blvd 215
Pembroke Pines FL 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kelly Battle
Address: 10211 Pines Blvd 215
Pembroke Pines FL 33026

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

<u>K Battle</u>	<u>8/6/2013</u>
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.

<u>K Battle</u>	<u>8/6/2013</u>
Required Signature/Incorporator	Date