

P13000071635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

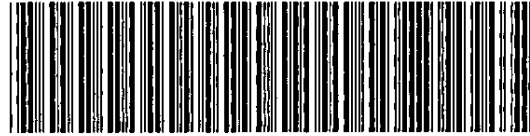
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Timothy M. Cole **NAME**
AUTHORIZATION BY PHONE TO
CORRECT Article I, IV & V
DATE 8/29/13
DOC. EXAM MRS

Office Use Only



400251054264

08/26/13--01014--024 **87.50

FILED
13 AUG 26 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
8/29/13

COVER LETTER

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

SUBJECT: *Lightning*
_White Lightning 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: Timothy M. Cole

820 NE 16th Street

Address

Ocala, Florida 34470

City, State & Zip

352-426-4602

Daytime Telephone number

Timcole65@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: **White Lightning Logistics Inc.**

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ARTICLE II PRINCIPAL OFFICE

Principal street address

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

820 N. E16th Street

Ocala, Florida 34470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Small and Large freight /courier delivery service

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Timothy M. Cole P/CEO Name and Title: _____

Address 820 NE 16th Street Address: _____

Ocala, Fl. 34470

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: FILED

Address _____ Address: 13 AUG 26 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Timothy M. Cole

Address: 820 NE 16th Street

Ocala, Fl. 34470

ARTICLE VII INCORPORATOR

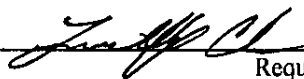
The **name and address** of the Incorporator is:

Name: Timothy M. Cole

Address: 820 NE 16th Street

Ocala, Fl. 34470

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

August 23, 2013

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

August 23, 2013

Date