

P13000082244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

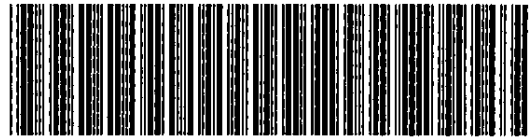
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Certificates of Status

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT -4 PM 3:15

*[Handwritten signature]*  
10-7-13

**COVER LETTER**

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

**SUBJECT:** Taylor Transportation & Logistical Services, Incorporated  
(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:** Hewitt E. Smith  
Name (Printed or typed)  
5707 So.79th Street  
Address  
Tampa, Fl, 33619  
City, State & Zip  
813 422-8091  
Daytime Telephone number  
hes 1elucidate@yahoo.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)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 OCT -4 PM 3:15

**ARTICLE I NAME**

The name of the corporation shall be: Taylor Transportation & Logistical Services , Incorporated

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5515 Legacy Crescent Place

# 204

Riverview , Fl. ,33578

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This corporation is organized for any lawful business purpose or purposes

**ARTICLE IV SHARES**

The number of shares of stock is: Four (4)

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

Name and Title: Kaemonl James Taylor President & Chairman of the Board

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

Address 5515 Legacy Crescent Place #204

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

Riverview, Fl.,33578

Name and Title: Irene Marie Alexander/ Chief Operating Officer

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

Address 5515 Legacy Crescent Place #204

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

Riverview , Fl.,33578

Name and Title: Kemon Q. Harrison/ Secretary

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

Address 16 Sandy Point Way

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

Port Worth, Ga., 31407

(conti.)

Name and Title: Jacob Austin, Jr./TREASURER

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

Address 2790 Elkmont Rdg S.W.

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

Atlanta, Ga., 30331

**ARTICLE VI REGISTERED AGENT**

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

Name: Hewitt E. Smith

Address: 5707 So. 79th Street

Tampa, Fl., 33619

**ARTICLE VII INCORPORATOR**

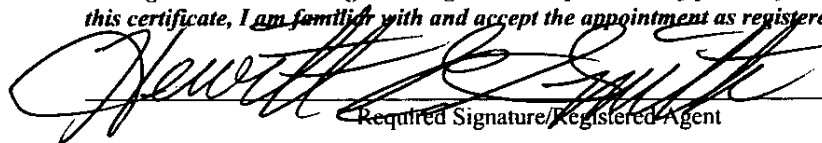
The name and address of the Incorporator is:

Name: Hewitt E. Smith

Address: 5707 So. 79th Street

Tampa, FL., 33619

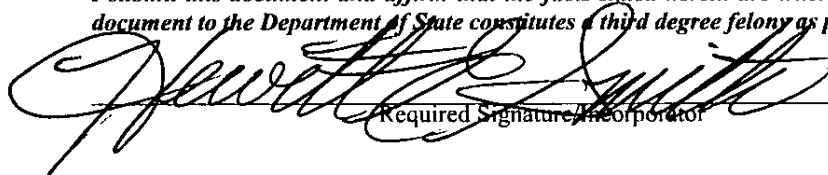
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

10/01/2013

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

10/01/2013

Date