

A3000090365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

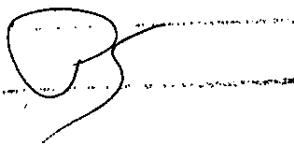
(Business Entity Name)

(Document Number)

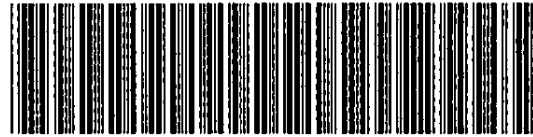
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Tomasz Szablowski -
corp name - 2 words



Office Use Only



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DIVISION OF CORPORATIONS
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Ps 11/11/13

COVER LETTER

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

SUBJECT: SZABLOWSKITRANSPORT CO.
(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: TOMASZ SZABLOWSKI
Name (Printed or typed)

3661 PARKRIDGE CIR.
Address

SARASOTA, FL 34243
City, State & Zip

941-600-7780
Daytime Telephone number

ASZABLOWSKI@HOTMAIL.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: SZABLOWSKI TRANSPORT CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3661 PARKRIDGE CIR.
SARASOTA, FL 34243

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PERFORM CARGO
TRANSPORT.

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ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TOMASZ SZABLOWSKI Name and Title: PRESIDENT

Address 3661 PARKRIDGE Address: _____
CIR.
SARASOTA, FL 34243

Name and Title: ANNA SZABLOWSKI Name and Title: SECRETARY

Address 3661 PARKRIDGE Address: _____
CIR
SARASOTA, FL 34243

Name and Title: SYLWIA SZABLOWSKA Name and Title: TREASURER

Address 3661 PARKRIDGE Address: _____
CIR
SARASOTA, FL 34243

(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: TOMASZ SZABLONSKI

Address: 3661 PARKRIDGE CIR.
SARASOTA, FL 34243

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TOMASZ SZABLONSKI

Address: 3661 PARKRIDGE CIR.
SARASOTA, FL 34243

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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

Tomasz Szablowski

Required Signature/Registered Agent

10-27-2013

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.

Tomasz Szablowski

Required Signature/Incorporator

10-27-2013

Date