## P/4000/0/70

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE OF STATE OF CORPORATIONS

## • COVER LETTER

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

SUBJECT:Q	CEAN STATE TO	PANS WETATION,	INC
	(PROPOSED CORPORAT	TË NAME – <u>MUST INCL</u>	UDE SUFFIX)
·			
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:
\$70.00	<b>□</b> \$78.75	<b>⊿</b> \$78.75	□ \$87,50
·			
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		ADDITIONAL CO	Status
		ADDITIONAL CO	PY REQUIRED
FROM:	William FOGAR Name	t	
r Rown	Name	(Printed or typed)	
4	529 Cyrlew lo	4D-	
	A	ddress	
	Delay Beach, F	2 33444 State & Zip	<del></del>
	561 · 706 - 4814 Daytime Te	/	
	Fog AQ+y w 1 @ H-mail address: (to be used	Bell South. Ne	T
	H-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)

Purpose for which the corporation is organized is: 10 flour DE TRANSFORTHER TO AT THE PURPOSE SERFORTS.  TICLE IV SHARES  number of shares of stock is: 1000	'ICLE II PRI	<b>NCIPAL OFFICE</b> Principal <u>street</u> address	1	Mailing address, if different is:	
Deltay Beach, FL  33444  PICLE IN PURPOSE purpose for which the corporation is organized is: To flus, DE Thansportation to Andreway, Seaforts.  PICLE IV SHARES number of shares of stock is: 1000  PICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: William Posterty Resident Address  Deltay Beach, FL  33444  Name and Title: Thanks Pogarty Vice Res.  Address:  Deltay Beach, FL  33444  Name and Title:  Address:  Deltay Beach, FL  33444  Name and Title:  Name and Title:	829 Ciela	luad			
PICLE IV PURPOSE purpose for which the corporation is organized is: To flux DE Tlansfeathtan to An Cliva Air Rocks, Senforts.  PICLE IV SHARES number of shares of stock is: 100  PICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: William Pognety Nessent Banch, FL  33444  Name and Title: Thurs Pognety Vice Res.  Address:  Deleas Pognety Vice Res.  Address:  Deleas Bench, FL  33444  Name and Title:  Address:  Deleas Bench, FL  33444  Name and Title:  Address:  Deleas Bench, FL  33444  Name and Title:	Dellay BeA	CH FL			
Name and Title: Thomas Fogach, Vice hes.  Name and Title: Address:  Deleng Bench, FL  33444  Name and Title: Name and Title:	· · ·				
PICLE IV SHARES number of shares of stock is: (CO)  FICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: William Fogarty - Resident Name and Title:  Address	YCLE III PUR	POSE	. `		<b>4</b> . 4.
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Name and Title: William Foggety-Resident  Address  Delen Bench, FL  33444  Name and Title: Foggety Vice Res. Name and Title:  Address  7/7 Findell Blud Address:  Deleny Bench, FL  33444  Name and Title: Name and Title:  Name and Title: Name and Title:	TICLE IV SHA	IRES stock is: (CO			PH 5: 02
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33 444  Name and Title:	TCLE V INT  Name and Title  Address	Stock is: 100  FIAL OFFICERS AND/OR DIRECTO  SHILLAM FOGARTY - RESIDENT  529 CYCLEW ROAD  Delean Beach, FL  33444  Thomas Fogarty Vice Re	Name and Title Address: Name and Title	:	5: 02
33 444  Name and Title:	TCLE V INT  Name and Title  Address	Stock is: 100  FIAL OFFICERS AND/OR DIRECTO  William POGARTY - RLESICENT  529 CYLLEW ROAD  Dellay Beach, FL  33444  Themas Fogarty Vice Re  717 LINDELL Blud	Name and Title Address: S <sub>x</sub> Name and Title Address:	:	5: 02
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Name and Title:		Name and Title:	
Address		Address:	
·	STERED AGENT eet address (P.O. Box NOT acceptable) of	fthe registered agent is:	
_	omas FOUARTY		
Address: 7/	7 LINDELL BLVD. KRAY BEACH, FL 334	-	
ARTICLE VII INCO	<u>RPORATOR</u>		
The name and address of	the Incorporator is:		
Name:	LOAN STATE TRANSPORTATION	y tuc	
Address:	Eleay Beach FL. 33444	-	
$\overline{\mathcal{D}}$	ELERY BEACH FL. 37444	-	
	gistered agent to accept service of process iar with and accept the appointment as reg		
Thomas Fo	Pouts Required Signature/Registered Agent		1/25/14
	Required Signature/Registered Agent		Date
I submit this document a document to the Departm	nd affirm that the facts stated herein are ent of State constitutes a third degree felon	true. I am aware that the false y as provided for in s.817.155, F	information submitted in a i.s.
, , ,	Required Signatural Mornotator		- / Date