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4 MAR 11 PH 2: 55

or 3/13/14

COVER LETTER

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

SUBJECT:	5BK SILVE (PROPOSED CORPOR	R, CORP ATENAME - MUST INCL	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	BIZ, INC.	e (Printed or typed)	·	
~~~	625 W GOL	F RD Address		
	DES PLAINES	<u>IL 60016</u> State & Zip		12.0

NOTE: Please provide the original and one copy of the articles.

A L O J 52 O GMAIL . COM E-mail address: (to be used for future annual report notification)

(773) 777 - 1040 ext 202

Daytime Telephone number

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CLE II PR	Principal street ad			Mailing address	14 HAR IT PM
O PINE			<del></del>		
EAR WAT	ER FL 3	3756			
CLE III PU		rganized is:	TRANSPORT	TATION	
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mber of shares o			CTORS		
mber of shares o	f stock is: /	AND/OR DIRE	CTORS	itle:	
mber of shares o	fstock is: /  TTIAL OFFICERS  Ic: JOLANTA	AND/OR DIRE	PRESPENT and Ti	itle:	
Name and Tit	tstock is: /  TTIAL OFFICERS  Ic: JOLANTA  1010 PIN	AND/OR DIRE	PRE Spame and Ti	itle:	
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Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accept	obla) of the majetared expet in
	·
Nume: JOLANTA STAWSI	
Address: 1010 PINE 5T	
CLEARNATER FL	<u>33756</u>
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: JOLANTA STAWS	<u>KA</u>
Name: JOLANTA STANS Address: 1010 PINE ST	
CLEARWATER FL	
Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointmen	process for the above stated corporation at the place designated in t as registered agent and agree to act in this capacity
· Mola da Trasa	03/01/2016
Required Signature/Registered Age	nt Date
I submit this document and affirm that the facts stated here document to the Department of State constitutes a third degre	in are true. I am aware that the false information submitted in a see felony as provided for in s.817.155, F.S.
Tolleto to	03/01/2014
Required Signature/Incorporator	Date

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