

P/4000028997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

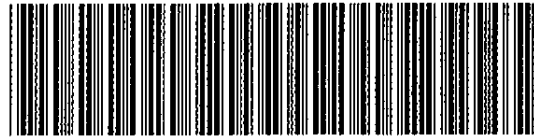
(Document Number)

Certified Copies _____

Certificates of Status _____ ✓

Special Instructions to Filing Officer:

Office Use Only



500257511035

04/01/14--01009--027 **78.75

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

14 APR - 1 PM 3:11

APPROVED
AND
FILED

RECEIVED
DEPARTMENT OF STATE
14 APR - 1 PM 3:09

Handwritten signature and date: 04/01/14

COVER LETTER

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

SUBJECT: CORPORATE LOGISTICS & CONSULTING, OIL FIELD DIVISION, 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: BOBBY & TARA WILLIAMS
Name (Printed or typed)

P.O. Box 4589
Address

MILTON, FL 32572
City, State & Zip

(850) 313-3881
Daytime Telephone number

CORPORATECONSULTINGLLC@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: CORPORATE LOGISTICS & CONSULTING, OIL FIELD DIVISION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

437 FAIRFAX DR.
PENSACOLA, FL 32503

P.O. Box 4589
MILTON, FL 32572

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

TO EDUCATE IN SAFETY, TRAIN, REFORM INDIVIDUALS,
EMPLOY AND PROVIDE SERVICES IN THE OIL, GAS AND
TRANSPORTATION INDUSTRY.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BOBBY J. WILLIAMS ^{Pres} Name and Title: _____

Address 437 FAIRFAX DR. Address: _____
PENSACOLA, FL 32503

Name and Title: TARA A. WILLIAMS - VP Name and Title: _____

Address SAME AS ABOVE Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 APR - 1 PM 3:11

APPROVED
AND
FILED

(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: TARA A WILLIAMS
Address: 437 FAIRFAX DR.
PENSACOLA, FL 32503

STATE OF FLORIDA
DEPARTMENT OF STATE

14 APR - 1 PM 3:11

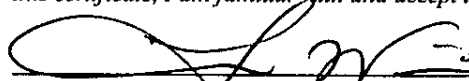
APPROVED
AND
FILED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BOBBY J. WILLIAMS
Address: 437 FAIRFAX DR.
PENSACOLA, FL 32503

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

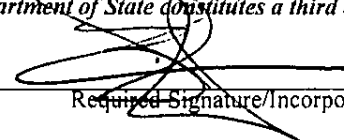


Required Signature/Registered Agent

1 APRIL 2014

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

1 April 14

Date