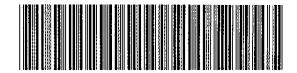
PH000039886

(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



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STATE OF THE STATE



4/3/14

COVER LETTER

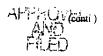
Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$87.50 Filing Fee Filing Fee & Filing Fee, & Certificate of Status \$ Certificate of Status	SUBJECT: 1	SIG DOG TRA	HOSPORTAT	1010	NC.				
□ \$70.00 □ \$78.75 Filing Fee Filing Fee & Filing Fee, & Certificate of Status □ \$78.75 □ \$87.50 Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate of	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)								
□ \$70.00 □ \$78.75 Filing Fee Filing Fee & Filing Fee, & Certificate of Status □ \$78.75 □ \$87.50 Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate of									
Filing Fee Filing Fee, & Certificate of Status Filing Fee Filing Fee, & Certified Copy & Certificate of	Enclosed are an origi	nal and one (1) copy of the artic	cles of incorporation and	a check for:	7				
		Filing Fee	Filing Fee	Filing Fee, Certified Copy & Certificate of					
ADDITIONAL COPY REQUIRED			ADDITIONAL CO						
FROM: HENRY Kaminski Name (Printed or typed) 33 St Andrews Ct Address									
Palm Coast FL 32137 City, State & Zip			•	137		*** *******			
Daytime Telephone number			lephone number		ရှိသံ မော် မ				
E-mail address: (to be used for future annual report notification)				· — —	1:2 1:2	ţ			

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)

The name of the corporation	on shall be: RIG DOG	TRANSPORTA	TION INC.	
ARTICLE II PRIN	cipal office rincipal street address Andrews of f 3.2137	Mailing a	ddress, if different is:	<u>d</u>
ARTICLE III PURPORT The purpose for which the	ose e corporation is organized is:	Fansparlation		
ARTICLE IV SHAR The number of shares of st ARTICLE V INITI Name and Title: Address	AL OFFICERS AND/OR DIRECTO	Name and Title:		
	Palm Coast FL			
		,		



Name and Title:	Name and Title:	14 APR -3 PM 1:26
Address	Address:	STATE OF STATE
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accepta	able) of the registered agent is:	
Name: HENRY KAMINSKI		
Address: 33 St Andrews	s ct	
Palm Coast FL 3	32137	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
Name: HENRY KAMIN Address: 33 St Andrews	SKI	
Address: 33 St Andrews	· Ct	
Palu Coast FL:	32(37	
Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointment	process for the above stated co t as registered agent and agree	e to act in this capacity
Required Signature/Registered Age	nt .	4/3/14
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 17.155, F.S.
Required Signature/Incorporator		4/3/14 Date
/		/ 7***