

P/4/UXDUX/8587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

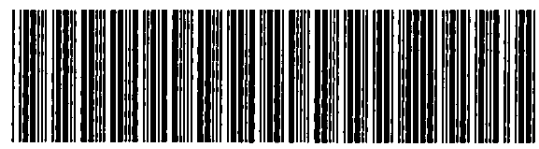
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

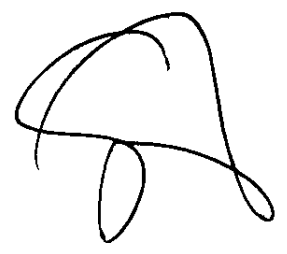
Office Use Only



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06/02/14--01036--008 **87.50

SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 Jun -2 PM 9:12



COVER LETTER

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

SUBJECT: On the Move Permits 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: Cheryl Parrish
Name (Printed or typed)

965 E Martin Luther King Drive, Suite A
Address

Tarpon Springs, FL 34689
City, State & Zip

608-712-6555
Daytime Telephone number

Cheryl@onthemove.us
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:

On the Move Permits Inc.

FILED
CLERK OF DISTRICT COURT
14 JUN -2 PM 9:12

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

965 E Martin Luther King Dr
Suite A
Tarpon Springs, FL 34689

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

On the Move Permits obtains

trucking permits / transportation permits. The company
is moving from Wisconsin to Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Cheryl Parrish, President
+ Treasurer

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(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: _____

Cheryl Parrish

Address: _____

965 E. Martin Luther King Drive, Suite A
Tarpon Springs, FL 34689

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Cheryl Parrish

Address: _____

965 E Martin Luther King Drive, Suite A
Tarpon Springs, FL 34689

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

May 27, 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

May 27, 2014
Date