

P140000063341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

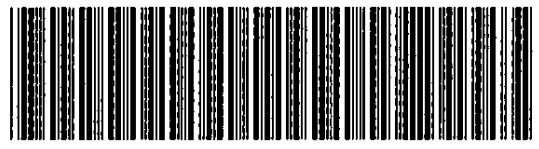
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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B. 7/29/14



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07/25/14--01006--008 \*\*78.75

JUL 25 AM 10:59  
DIVISION OF CORPORATE AFFAIRS  
STATE OF NEW YORK

**COVER LETTER**

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

**SUBJECT: LAROWNE TRANSPORT, 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: CLIFTON KITSON**

Name (Printed or typed)

**455 WINDSOR AVE. S.**

Address

**LEHIGH ACRES, FL. 33974**

City, State & Zip

**239-645-8739**

Daytime Telephone number

**bigmotherkitson@hotmail.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: LAROWNE TRANSPORT, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

455 WINDSOR AVE. S.

LEHIGH ACRES, FL. 33974

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO PROVIDE OVER THE ROAD TRANSPORT OF GOODS.

DIVISION OF CORPORATIONS  
JUL 25 AM 10:59

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CLIFTON KITSON, PRES. Name and Title: \_\_\_\_\_

Address: 455 WINDSOR AVE. S. Address: \_\_\_\_\_

LEHIGH ACRES, FL. 33974 \_\_\_\_\_

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: ALETHIA A. KITSON  
 Address: 455 WINDSOR AVE. S.  
LEHIGH ACRES, FL. 33974

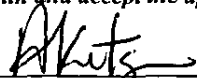
JUL 25 AM 10:59  
 DIVISION OF CORPORATIONS  
 STATE OF FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CLIFTON KITSON  
 Address: 455 WINDSOR AVE. S.  
LEHIGH ACRES, FL. 33974

*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*

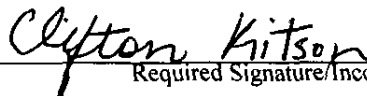


\_\_\_\_\_  
Required Signature/Registered Agent

07-24-2014

\_\_\_\_\_  
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

07-24-2014

\_\_\_\_\_  
Date