

PI4000063659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

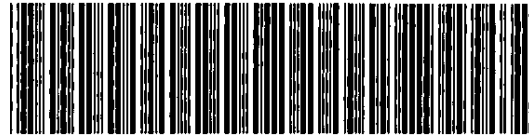
(Business Entity Name)

(Document Number)

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14 JUL 28 AM 7:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W14-32697

## COVER LETTER

ATX1

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

**SUBJECT:** MAD LOGISITICS, 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:** MARK A. DRUMMOND

Name (Printed or typed)

P. O. BOX 728

Address

BELL, FL 32619

City, State & Zip

904 537-5841

Daytime Telephone number

M.Drummond @ Landstormail.com

E-mail address: (to be used for future annual report notification)

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

06/25/2007 15:52 FAX

001/004

TO JIM FROM 2 OF 2

2014-05-23 10:03:42 (GMT)

18060000731 From: Mark Drummond



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2014

MARK A. DRUMMOND  
PO BOX 728  
BELL, FL 32619

SUBJECT: MAD LOGISTICS, INC.  
Ref. Number: W14000032697

We have received your document for MAD LOGISTICS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 814A00011287

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

14 JUL 28 PM 5:07

SECRET  
TALLAHASSEE, FL 32314

July 2, 2014

MARK A. DRUMMOND  
PO BOX 728  
BELL, FL 32619

SUBJECT: MAD LOGISTICS, INC.  
Ref. Number: W14000032697

We have received your document for MAD LOGISTICS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 814A00011287

FL MAD LOGISTICS, INC.

ATX1

**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: FL MAD LOGISTICS, INC.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

2159 SW 20TH ST.P.O. BOX 758BELL, FL 32619BELL, FL 32619**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: FOR CONDUCTING, TO THE EXTENT PERMITTED BY FLORIDALAW AND TO CARRY ON IN ANY CAPACITY ANY BUSINESS OR TRADE DEEMED LEGAL IN THE STATE OF FLORIDA.**ARTICLE IV SHARES**The number of shares of stock is: 100 COMMON \$1 PAR**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MARK A. DRUMMOND, PRES/DIRECTOR Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
14 JUL 28 AM 7:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FL MAD LOGISTICS, INC.

(cont.) ATX1

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: MARK A. DRUMMOND

Address: 2159 SW 20TH ST.

BELL, FL 32619

**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:

Name: MARK A. DRUMMOND

Address: 2159 SW 20TH ST.

BELL, FL 32619

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

Mark Drummond

Required Signature/Registered Agent

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.

Mark Drummond

Required Signature/Incorporator

6/25/14

Date

JUL 28 2014

7/28/14

Date

26

RECEIVED  
FLORIDA  
DEPARTMENT OF  
STATE