## P/4000065623

(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:





500262986825

08/07/14--01003--005 \*\*70.00

TO ACKNOWLEDGE SUFFICIENCY OF FILIN

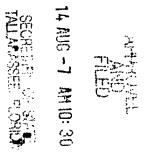
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14 RUG -7 AH 10:

× 08/07/14

I Anoth When have no intentions
of reinstating BW Transport, Inc
Doct P13000084868 and I
Release the name

Met ( ) len 8-7-14



## **COVER LETTER**

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

SUBJECT:	BU TIANSPO (PROPOSED CORPORA)	rt Inc		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d 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:	7910 Kerry For Tallahassee City, 850-339-8 Daytime To	Fest Pkwy Address  FL 3230 State & Zip  353 Elephone number	9	
	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: BW T	ransport =	Inc	
	IPAL OFFICE	•		
2910 Kerr	FL 32-309		ailing address, if different is:	
ARTICLE III PURPO		· · · · · · · · · · · · · · · · · · ·		
The purpose for which the c	corporation is organized is:	Trucking		
				<del> </del>
	-			
<del></del>		<u> </u>		7
			<b>三</b>	- <del>1</del> 06
			77.2. 17.1.	-7 4
ARTICLE IV SHARE			125 135 136	AM 10: 30
The number of shares of stoo				): 30
ARTICLE V INITIA	L OFFICERS AND/OR DIREC	CTORS		
Name and Title:	brett Wier - Ares	Mame and Title:_		
Address 3	910 Kerry Forest	Akwy <sub>Address:</sub>		
	D4-2751			
· —	Tallahassee FL 3	2-309		<u></u>
Name and Title		Name and Title:		•
		•		
	,			
Address		Address:	,	
<del></del>				<del></del>
		<del></del> -		

Name and Ti	tle: Name and Title:	
Address	Address:	
	EGISTERED AGENT	
Name:	la street address (P.O. Box NOT acceptable) of the registered agent is:	
Address:	-910 Kerry Forest Pkwy D4-2-75	
	Tallahassee FL 32309	To I
_	• • • • • • • • • • • • • • • • • • • •	
ARTICLE VII I	NCORPORATOR	
The name and addre	ss of the Incorporator is:	
Name:	Brett Wier	
Address:	2910 Kerry Forest Pkuy D4-275	AH 100 P
	2910 kerry Forest Pkwy D4-275 Tallahassee FL 32309	
	as registered agent to accept service of process for the above stated corporatio	
this certificate, I am j	familiar with and accept the appointment as registered agent and agree to act in	•
·	Inet Will	8-7-14
	Required Signature/Registered Agent	Date
	ent and affirm that the facts stated herein are true. I am aware that the false artment of State constitutes a third degree felony as provided for in s.817.155, I	
	Broth Willi	9-7-14
	Required Signature/Incorporator	Date