

P14000070369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

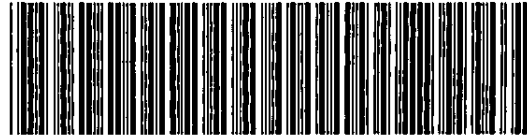
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100263339961

08/20/14--01025--009 \*\*78.75

FILED  
14 AUG 20 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

gf 8/22/14

**COVER LETTER**

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

**SUBJECT:** Clark's Auto 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:** Robert K Clark

Name (Printed or typed)

2212 SE Berkshire Blvd.

Address

Port St Lucie, FL 34952

City, State & Zip

(772)708-8604

Daytime Telephone number

r\_kevinclark@hotmail.com

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 AUG 20 PM 3:02

FILED

**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: Clark's Auto Transport, Inc.

FILED

14 AUG 20 PM 3:02

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2212 SE Berkshire Blvd.

Port St Lucie, FL. 34952

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To transport automobiles interstate

**ARTICLE IV SHARES 1**

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Robert K Clark President

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

Address 2212 SE Berkshire Blvd.

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

Port St Lucie, FL. 34952

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

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

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

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

(cont.)

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:

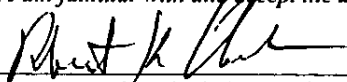
Name: Robert K Clark  
Address: 2212 SE Berkshire Blvd.  
Port St Lucie, FL 34952

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Robert K Clark  
Address: 2212 SE Berkshire Blvd.  
Port St Lucie, FL 34952

*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*

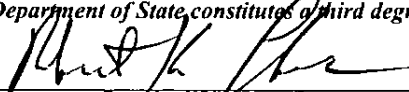


\_\_\_\_\_  
Required Signature/Registered Agent

08/18/2014

\_\_\_\_\_  
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

08/18/2014

\_\_\_\_\_  
Date

FILED  
14 AUG 20 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA