

P/4000071269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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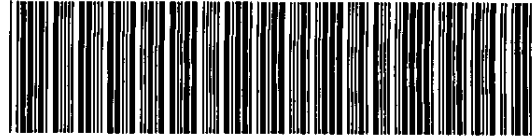
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/25/14--01023--015 **70.00

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14 AUG 25 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08/27/14

COVER LETTER

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

SUBJECT: **Florida State Moving & Storage Corp**
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **Tony James Nelson II**
Name (Printed or typed)

1560 W 35th St
Address

Jacksonville , FL 32209
City, State & Zip

9047139214
Daytime Telephone number

wolfworldglobal@gmail.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: Florida State Moving & Storage Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1560 W 35th St
Jacksonville FL 32209

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Transportation of Household Goods
and Storage of Household Goods

ARTICLE IV SHARES

The number of shares of stock is: 1000000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Tony J. Nelson II CEO</u>	Name and Title:	<u>Lori F. Kling COO</u>
Address	<u>1560 W 35th St</u>	Address:	<u>1560 W 35th</u>
	<u>Jacksonville FL 32209</u>		<u>Jacksonville FL 32209</u>

Name and Title:	<u>Tony Nelson vice President</u>	Name and Title:	_____
Address	<u>1560 W 35th St</u>	Address:	_____
	<u>Jacksonville FL 32209</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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TALLAHASSEE, FLORIDA

(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: Lori King
Address: 1560 W 35th St
Jacksonville FL 32209

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

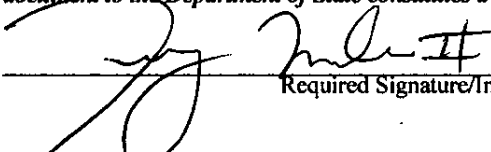
Name: Tony James Nelson II
Address: 1560 W 35th St
Jacksonville FL 32209

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

8-22-14
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

8-22-14
Date

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