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(City/State/Zip/Phone #)

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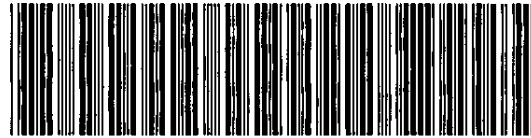
(Business Entity Name)

(Document Number)

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## COVER LETTER

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

**SUBJECT: BEY-SHAW LOGISTICS 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  
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: J T & I TAX SERVICES**

Name (Printed or typed)

**4659 HIGHWAY AVE. STE 2**

Address

**JACKSONVILLE, FLORIDA 32254**

City, State & Zip

**904-294-2396**

Daytime Telephone number

**jtms68@yahoo.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**    BEY-SHAW LOGISTICS CORP.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different \_\_\_\_\_

BEY-SHAW LOGISITICS CORP.

1600 LANSDOWNE DR. UNIT 412

JACKSONVILLE, FL 32211

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: TO HANDLE ALL AND ANY LEGAL BUSINESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV    SHARES**    100

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

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

Name and Title: JIMMY SHAW JR., PRESIDENT

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

Address    1600 LANSDOWNE DR. UNIT 412

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

JACKSONVILLE, FL 32211

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: JIMMY SHAW JR.  
Address: 1600 LANSLOWNE DR. UNIT 412  
JACKSONVILLE, FL 32211

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

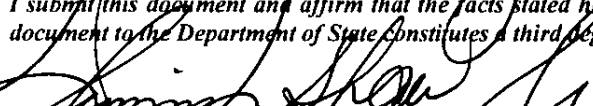
Name: JIMMY SHAW JR.  
Address: 1600 LANSLOWNE DR. UNIT 412  
JACKSONVILLE, FL 32211

*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

9/23/14  
\_\_\_\_\_  
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

9/23/14  
\_\_\_\_\_  
Date