

P14000089360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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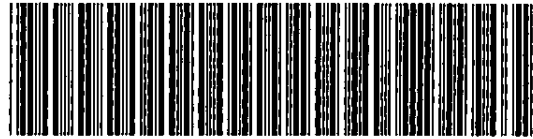
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/29/14--01007--006 **78.75

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14 OCT 29 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/11/14

COVER LETTER

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

SUBJECT: **AMG 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: **LARRY GRAY**

Name (Printed or typed)

9120 FITZWALTER ROAD

Address

JACKSONVILLE, FLORIDA 32208

City, State & Zip

Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: **AMG TRANSPORT INC.**

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ARTICLE II PRINCIPAL OFFICE

Principal street address

**9120 FITZWALTER ROAD
JACKSONVILLE , FL 32208**

Mailing address, if different is:

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES **100**

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **LARRY GRAY - P**

Name and Title: _____

Address **9120 FITZWALTER ROAD**

Address: _____

JACKSONVILLE, FL 32208

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: LARRY GRAY

Address: 9120 FITZWALTER ROAD
JACKSONVILLE, FL 32208

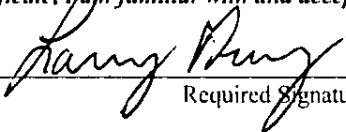
ARTICLE VII INCORPORATOR

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

Name: LARRY GRAY

Address: 9120 FITZWALTER ROAD
JACKSONVILLE, FL 32208

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

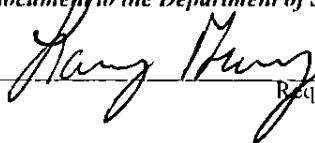


Required Signature/Registered Agent

10/27/14

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

10/27/14

Date

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