(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nai	me)		
(Do	cument Number)			
Certified Copies	_ Certificate:	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only

1115-12951



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COVER LETTER

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

SUBJECT: Flet	cher Transport I	nc	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	l 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 CO	PY REQUIRED
FROM: T	rudei Porter	e (Printed or typed)	
28	875 Sycamore R	oad	
		Address	
Q	uincy, FL 32351		
- Andrews of the Control of the Cont	City,	State & Zip	**************************************
8	50-284-5544		
	Daytime T	elephone number	
tru	udei@tds.net		

NOTE: Please provide the original and one copy of the articles.

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



February 23, 2015

TRUDEI PORTER 2875 SYCAMORE ROAD QUINCY, FL 32351

SUBJECT: FLETCHER TRANSPORT INC

Ref. Number: W15000012951

We have received your document for FLETCHER TRANSPORT INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 515A00003733

Maryanne Dickey Regulatory Specialist II New Filing Section

www.sunbiz.org

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE II PR	UNCIPAL OFFICE				ऊ	
75 Cunn	Principal street address		Mailing addre	ss, if different i	s: 🛒	ţ
375 Sycam	······································			76.1 10.5	.	
uincy, FL 3	2351			<u>:27</u>		i
				70	=	ţ
TICLE III PU purpose for which	RPOSE the corporation is organized is: trucking C	ompany	/	315 310A	2	
number of shares of	ITIAL OFFICERS AND/OR DIRECTORS					
number of shares of the shares of the share of the share and Ti	of stock is:	ame and Title	:			
number of shares of	of stock is: ITIAL OFFICERS AND/OR DIRECTORS tle: Clyde Porter, President No.	ame and Title	3:			
number of shares of the shares of the share of the share and Ti	ITIAL OFFICERS AND/OR DIRECTORS tle: Clyde Porter, President 2875 Sycamore Road Quincy, FL 32351	ddress:				
TICLE V IN Name and Ti Address Name and Tit	Trudei Porter, Vice President 2875 Sycamore Road 2875 Sycamore Road 2875 Sycamore Road	ddress: ame and Title	ə:			
number of shares of the shares of the share of the share and Ti Address	Trudei Porter, Vice President 2875 Sycamore Road 2875 Sycamore Road 2875 Sycamore Road	ddress:	ə:			
number of shares of the shares of the shares of the share and Tite Address	TTIAL OFFICERS AND/OR DIRECTORS Ale: Clyde Porter, President 2875 Sycamore Road Quincy, FL 32351 Ale: Trudei Porter, Vice President 2875 Sycamore Road Ale: Ale: 2875 Sycamore Road Ale: Ale: Ale: Ale: Ale: Ale: Ale: Ale:	ddress: ame and Title ddress:	:			

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Trudei Porter	
Address:	2875 Sycamore Road	AAR BA
	Quincy, FL 32351	୍ଥିତ । ମ
ARTICLE VII	INCORPORATOR	AM II: 12
The <u>name and a</u>	ddress of the Incorporator is:	112 103
Name:	Trudei Porter	
Address:	2875 Sycamore Road	
	Quincy, FL 32351	
Having been nat	med as registered agent to accept service of proce am familiar with and accept the appointment as r	•
Vrud	er Voites	02-17-2015
_	Required Signature/Registered Agent	Date
I submit this doc document to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree felo	re true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.
Truo	lei bites	02-17-2015
	Required Signature/Incorporator	Date