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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 OCT -9 PM 1:55

10/14 CR

## COVER LETTER

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

**SUBJECT:** Two Bell 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Gregory Bell

Name (Printed or typed)

5205 DUBLIN PLACE

Address

Tampa FL 33624

City, State & Zip

910 -466-9043

Daytime Telephone number

smallbustax@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: Two Bell Transport Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5205 DUBLIN PLACE  
Tampa FL 33624

Mailing address, if different is:  
Po Box 879  
West End NC 27376

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Business for Profit Trucking

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Gregory Bell PRESIDENT Name and Title: S

Address: 5205 Dublin Place Address: \_\_\_\_\_  
Tampa FL 33624

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

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

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

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 OCT -9 PM 1:55

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: Gregory Bell

Address: 5205 Dublin Place  
Tampa FL 32624

**ARTICLE VII INCORPORATOR**

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

Name: Gregory Bell

Address: 5205  
Tampa FL 32624

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/01/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10/01/15  
\_\_\_\_\_  
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

10/01/15  
\_\_\_\_\_  
Date