P15000090794

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)	***************************************		
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

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COVER LETTER

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

SUBJECT: Wide Load Distributors INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an original	ginal and one (1) copy of the art	ticles of incorporation an	d a check for	
Life losed are all orig	smar and one (1) copy or the art	ncies of incorporation and	u a check for.	
\$70.00	\$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
_	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
ADDITIONAL CO			PY REQUIRED	
•				
,				
•	0 11			
FROM:	Gerald L. Bowe Name	V (D: 4-1-4-1)		
	Nam	e (Printed or typed)		
	1011 01 1 1 101	. ^		
	684 Chestwood Ch	ase Uc. Address		
	Ocus Pak Cl 3	22065		
	Orange Park, F1 3 City	, State & Zip		
	704- 747- 563 Daytime 1	88		
	Daytime 1	Telephone number		
	TD 0 0 - 11 - 0 0 -			
	TBBR 549 @ Gn E-mail address: (to be use	ATA COM ed for future annual report	notification)	
	is man wateress, to be use	a tot tatato anniam topott	iioiiiouiioii)	

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 corpora	tion shall be: Wide Load D15:	Iri butors	INC. AFECATOR PH
ARTICLE II PRINC			Mailing address, if different is:
to engage	he corporation is organized is: To pr		
ARTICLE IV SHAR! The number of shares of	ES stock is: /000		
	LOFFICERS AND/OR DIRECTORS - Gerald Bowen President	Name and Title:	: Elba Bowen Vice President
Address	684 Chestwood Chose Dr. Orange Park, Fl. 32065	Address:	684 Chestwood Chase Dr. Orange Park, Fl 32065
Name and Title Address	:		
Name and Title			

Name and	litte:	Name and 1111	D:
Address		Address:	

			,
ARTICLE VI RI	EGISTERED AGENT		•
The <u>name and Flo</u>	rida street address (P.O. Box NOT acceptable) of	the registered ag	gent is:
Name:	Gerald Bower		
Address:	684 Chestwood Chase Dr		
	Orange Park Fl 3206T		
ARTICLE VII II	NCORPORATOR		
The <u>name and add</u>	ress of the Incorporator is:		
Name:	Gerald Bowen		
Address:	684 Chestwood Chase Dr		
	Glange Park, Fl 32065		
Effective date, if of	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and cannot ng.)	. (C	OPTIONAL) five business days prior or 90 business
	nserted in this block does not meet the applicable ective date on the Department of State's records.	statutory filing r	equirements, this date will not be listed as
Having been name this certificate, I ar	ed as registered agent to accept service of process n familiar with and accept the appointment as reg	for the above si istered agent an	tated corporation at the place designated in d agree to act in this capacity
All &	Bur		10/30/15
	Required Signature/Registered Agent		Date '
	ment and affirm that the facts stated herein are tepartment of State constitutes a third degree felon		
1 11	•	•	
Aul o	30		10/30/15
Require	ed Signature/Incorporator		' Date