P15000100685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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: Safe Tranz Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
559 Kingfisher Drive	
Kissimmee Fla 34759	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Transportation Services

ARTICLE IV SHARES
The number of shares of stock is: one hundred

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Orett Ward (President) Name and Title:
Address 559 Kingfisher Dr Address:
Kissimmee Fla 34759

Name and Title: Karen Williams (Secretary) Name and Title:
Address 559 Kingfisher Dr Address:
Kissimmee Fla 34759

Name and Title: Karen Williams (Treasurer) Name and Title:
Address 559 Kingfisher Dr Address:
Kissimmee Fla 34759

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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: Orett Ward

Address: 559 Kingfisher Dr
Kissimmee Fla. 34759

ARTICLE VII INCORPORATOR

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

Name: Orett Ward

Address: 559 Kingfisher Dr
Kissimmee Fla. 34759

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (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

O. Ward
_____ 12/10/15
Required Signature/Registered Agent 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.

O. Ward
_____ 12/10/15
Required Signature/Incorporator Date