

P15000100695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

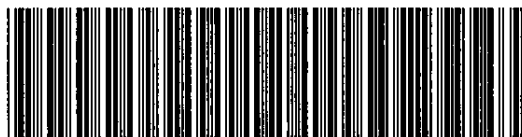
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400279963684

12/14/15--01007--003 **78.75

FILED
15 DEC 14 PM 9:04
SECRETARY OF STATE
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

FILED
15 DEC 14 PM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Required Signature/Registered Agent

12/10/15
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.

O. Ward

Required Signature/Incorporator

12/10/15
Date