

P160000/6258

(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



100281912771

02/12/16--01010--011 **78.75

FILED
16 FEB 12 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 22 2016
A RAMSEY

COVER LETTER

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

SUBJECT: Rae's Transportation Nation 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
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 COPY REQUIRED

FROM: John York
Name (Printed or typed)

10409 Lucaya Dr.
Address

Tampa FL 33647
City, State & Zip

813-309-8946
Daytime Telephone number

RaesTransportationNation@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:

Rae's Transportation Nation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4721 N. Clark Ave
Tampa FL 33614

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

10409 Lucaya Dr.
Tampa FL 33617

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transportation and any or all lawful
business permitted under the laws of
the United States of America and
the State of Florida

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

John W. York

Name and Title:

Address

President/Owner

Address:

4721 N. Clark Ave
Tampa FL 33614

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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:

Address:

John W. York
4721 N. Clark Ave
Tampa FL 33614

ARTICLE VII INCORPORATOR

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

Name:

Address:

Julie Anthousis
10409 Lucaia Dr.
Tampa FL 33617

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

Required Signature/Registered Agent

2/4/16
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

2/4/16
Date