

P16000017890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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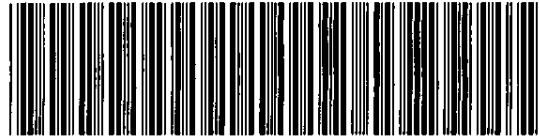
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02-26-16

COVER LETTER

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

SUBJECT: STRIKEFORCE TRANSPORTATION 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: LAWRENCE D. COOK
Name (Printed or typed)

17 IDOLMAY AVE
Address

CRAWFORDVILLE FL 32327
City, State & Zip

830-926-7472
Daytime Telephone number

SENDAWG3480@yahoo.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: STRIKE FORCE TRANSPORTATION INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17 Holly Ave
CRANFORDVILLE FL 32527

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TRANSPORTATION COMPANY

ARTICLE IV SHARES

The number of shares of stock is: ~~500~~ 100

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STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

ARTICLE
AND
FILED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BARBARA W. COOK President Name and Title: _____

Address: 17 Holly Ave Address: _____
CRANFORDVILLE FL
32527

Name and Title: LAWRENCE COOK Vice Pres. Name and Title: _____

Address: 17 Holly Ave Address: _____
CRANFORDVILLE FL
32527

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: LAURANCE COOK

Address: 17 HONEY AVE
PRANFORDVILLE FL 32327

ARTICLE VII INCORPORATOR

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

Name: LAURANCE COOK

Address: 17 HONEY AVE
PRANFORDVILLE FL 32327

SECRET
TALLAHASSEE, FLORIDA

16 FEB 26 AM 11:24

APPROVED
AND
FILED

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

Laurence Cook
Required Signature/Registered Agent

2/21/16
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.

Laurence Cook
Required Signature/Incorporator

2/21/16
Date