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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Gullion MAY 3 - 2016

## COVER LETTER

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

**SUBJECT:** ANE Autotransport 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

\$78.75       \$87.50  
Filing Fee      Filing Fee,  
                    & Certified Copy      Certified Copy  
                    & Certificate of      & Certificate of  
                    Status      Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Michael Thomas Bennett  
Name (Printed or typed)

2126 Bolado Pkwy  
Address

Cape Coral Fl 33990  
City, State & Zip

239-478-0750  
Daytime Telephone number

mbcarhauler133@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

ANE Autotransport Inc.

The name of the corporation shall be: \_\_\_\_\_

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2126 Bolado Pkwy

Cape Coral Fl 33990

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To transport vehicles nation wide.

ARTICLE IV SHARES 100  
The number of shares of stock is: \_\_\_\_\_

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### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Thomas Bennett President Name and Title: \_\_\_\_\_

Address: 2126 Bolado Pkwy Address: \_\_\_\_\_

Cape Coral Fl 33990 \_\_\_\_\_

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: Nancy Yelvington  
Address: 2126 Bolado Pkwy  
Cape Coral Fl 33990

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**ARTICLE VII INCORPORATOR**

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

Name: Nancy Yelvington  
Address: 2126 Bolado Pkwy  
Cape Coral Fl 33990

**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*

Nancy Yelvington  
\_\_\_\_\_  
Required Signature/Registered Agent

4-1-2016  
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.*

A. E. O.  
\_\_\_\_\_  
Required Signature/Incorporator

4-1-2016  
Date