

P/6000040097

(Requestor's Name)

(Address)

(Address)

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MAY 10 2016  
S. GILBERT

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16 APR 29 PM 12:16  
U.S. DISTRICT COURT  
DISTRICT OF COLUMBIA

## COVER LETTER

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

SUBJECT: Steven Kelshaw Trucking, 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  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: Steven Kelshaw  
Name (Printed or typed)

11355 Tulane Street  
Address

New Port Richey FL 34654  
City, State & Zip

727-808-7684  
Daytime Telephone number

bkelshaw2@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: Steven Kelshaw Trucking, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

11355 Tulane Street

Mailing address, if different is:

same

New Port Richey FL 34654

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To conduct business  
as a trucking company. Transporting  
goods from state to state or just  
within Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Steven Kelshaw President

Name and Title:

Address 11355 Tulane Street

Address:

New Port Richey FL 34654

Name and Title: Barbara Kelshaw, Vice President

Name and Title:

Address Same as above

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: Barbara Kelshaw

Address: 11355 Tulane Street  
New Port Richey FL 34654

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Barbara Kelshaw

Address: 11355 Tulane Street  
New Port Richey FL 34654

**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*

Barbara Kelshaw

Required Signature/Registered Agent

4/27/16  
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.*

Barbara Kelshaw

Required Signature/Incorporator

4/27/16  
Date